

FORM 5A
Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 100322 4. Contact Name: Eileen Roberts
 2. Name of Operator: NOBLE ENERGY INC Phone: (303) 2284330
 3. Address: 1625 BROADWAY STE 2200 Fax: (303) 2284286
 City: DENVER State: CO Zip: 80202 Email: eroberts@nobleenergyinc.com

5. API Number 05-123-37131-00 6. County: WELD
 7. Well Name: Crow Creek State AC Well Number: 36-77HN
 8. Location: QtrQtr: SESW Section: 36 Township: 7N Range: 63W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 11/13/2013 End Date: 11/13/2013 Date of First Production this formation: 12/16/2013
 Perforations Top: 7133 Bottom: 10989 No. Holes: 0 Hole size: _____

Provide a brief summary of the formation treatment: Open Hole:

Frac'd the Niobrara w/ 2495553 gals of PermStim and Slick Water with 3639540#'s of Ottawa sand.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 59417 Max pressure during treatment (psi): 6318
 Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.43
 Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.81
 Total acid used in treatment (bbl): 0 Number of staged intervals: 20
 Recycled water used in treatment (bbl): 3812 Flowback volume recovered (bbl): 314
 Fresh water used in treatment (bbl): 55605 Disposition method for flowback: RECYCLE
 Total proppant used (lbs): 3639540 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 12/26/2013 Hours: 24 Bbl oil: 192 Mcf Gas: 165 Bbl H2O: 373
 Calculated 24 hour rate: Bbl oil: 192 Mcf Gas: 165 Bbl H2O: 373 GOR: 859
 Test Method: FLOWING Casing PSI: 876 Tubing PSI: 299 Choke Size: 020/64
 Gas Disposition: SOLD Gas Type: WET Btu Gas: 1290 API Gravity Oil: 45
 Tubing Size: 2 + 7/8 Tubing Setting Depth: 6895 Tbg setting date: 12/10/2013 Packer Depth: _____

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

** Bridge Plug Depth: _____ ** Sacks cement on top: _____ ** Wireline and Cement Job Summary must be attached.

Comment:

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I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Eileen Roberts

Title: Regulatory Specialist Date: _____ Email: eroberts@nobleenergyinc.com
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Attachment Check List

Att Doc Num **Name**

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Total Attach: 0 Files

General Comments

User Group **Comment** **Comment Date**

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