

FORM 5A

Rev 06/12

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Date Received:

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: Kathleen Mills
 2. Name of Operator: NOBLE ENERGY INC Phone: (720) 587-2226
 3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
 City: DENVER State: CO Zip: 80202 Email: kmills@nobleenergyinc.com

5. API Number 05-123-37432-00 6. County: WELD
 7. Well Name: Castor Federal LD Well Number: 15-73-1HN
 8. Location: QtrQtr: NENE Section: 15 Township: 9N Range: 58W Meridian: 6
 9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 02/28/2014 End Date: 03/03/2014 Date of First Production this formation: 03/26/2014

Perforations Top: 6055 Bottom: 6726 No. Holes: 0 Hole size: _____

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

FRAC'D W/2532831 GALS SILVERSTIM AND SLICK WATER AND 2960619# OTTAWA SAND. TUBING HAS NOT BEEN INSTALLED IN WELL AT THIS TIME.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 60305 Max pressure during treatment (psi): 5280

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 8.43

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.83

Total acid used in treatment (bbl): _____ Number of staged intervals: 20

Recycled water used in treatment (bbl): 3269 Flowback volume recovered (bbl): 3522

Fresh water used in treatment (bbl): 57036 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 2960619 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 03/28/2014 Hours: 24 Bbl oil: 61 Mcf Gas: 24 Bbl H2O: 92

Calculated 24 hour rate: Bbl oil: 61 Mcf Gas: 24 Bbl H2O: 92 GOR: 400

Test Method: FLOWING Casing PSI: 20 Tubing PSI: 260 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1264 API Gravity Oil: 38

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ 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: Kathleen Mills
Title: Regulatory Analyst Date: _____ Email: kmills@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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Total: 0 comment(s)