

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		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT			Document Number: 400616344 Date Received:				
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: <u>100322</u> 2. Name of Operator: <u>NOBLE ENERGY INC</u> 3. Address: <u>1625 BROADWAY STE 2200</u> City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	4. Contact Name: <u>Eileen Roberts</u> Phone: <u>(303) 2284330</u> Fax: <u>(303) 2284286</u> Email: <u>eroberts@nobleenergyinc.com</u>
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5. API Number <u>05-123-38086-00</u> 7. Well Name: <u>Five Rivers</u> 8. Location: QtrQtr: <u>SESE</u> Section: <u>8</u> Township: <u>4N</u> Range: <u>66W</u> Meridian: <u>6</u> 9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	6. County: <u>WELD</u> Well Number: <u>K07-62-1HN</u>
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Completed Interval

FORMATION: <u>NIOBRARA</u>	Status: <u>PRODUCING</u>	Treatment Type: <u>FRACTURE STIMULATION</u>
Treatment Date: <u>04/01/2014</u>	End Date: <u>04/04/2014</u>	Date of First Production this formation: <u>04/29/2014</u>
Perforations Top: <u>7570</u>	Bottom: <u>16054</u>	No. Holes: <u>0</u> Hole size: _____
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>
Frac'd the Niobrara w/ 6404833 gals of Silverstim and Slick Water with 8888340#'s of Ottawa sand.		
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Total fluid used in treatment (bbl): <u>152496</u>	Max pressure during treatment (psi): <u>7835</u>	
Total gas used in treatment (mcf): <u>0</u>	Fluid density at initial fracture (lbs/gal): <u>8.43</u>	
Type of gas used in treatment: _____	Min frac gradient (psi/ft): <u>1.03</u>	
Total acid used in treatment (bbl): <u>0</u>	Number of staged intervals: <u>36</u>	
Recycled water used in treatment (bbl): <u>9498</u>	Flowback volume recovered (bbl): <u>340</u>	
Fresh water used in treatment (bbl): <u>142997</u>	Disposition method for flowback: <u>RECYCLE</u>	
Total proppant used (lbs): <u>8888340</u>	Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/>	
Reason why green completion not utilized: _____		
Fracture stimulations must be reported on FracFocus.org		

Test Information:

Date: <u>05/07/2014</u>	Hours: <u>24</u>	Bbl oil: <u>220</u>	Mcf Gas: <u>1367</u>	Bbl H2O: <u>288</u>
Calculated 24 hour rate:	Bbl oil: <u>220</u>	Mcf Gas: <u>1367</u>	Bbl H2O: <u>288</u>	GOR: <u>6213</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>3069</u>	Tubing PSI: <u>2499</u>	Choke Size: <u>18/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	Btu Gas: <u>1258</u>	API Gravity Oil: <u>63</u>	
Tubing Size: <u>2 + 7/8</u>	Tubing Setting Depth: <u>7307</u>	Tbg setting date: <u>04/26/2014</u>	Packer Depth: _____	
Reason for Non-Production: 				
Date formation Abandoned: _____	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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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Total: 0 comment(s)