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Document Number:
400618448

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 05-123-26705-00 6. County: WELD
 7. Well Name: Wells Ranch USX AE Well Number: 21-14
 8. Location: QtrQtr: SESW Section: 21 Township: 6N Range: 62W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: PARKMAN Status: PLUGGED AND ABANDONED Treatment Type: _____
 Treatment Date: _____ End Date: _____ Date of First Production this formation: _____
 Perforations Top: 3410 Bottom: 3540 No. Holes: 244 Hole size: 0.73

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

PERF'D 11/15/13 3410-3425' 100 HOLES; 11/13/13 3465-3489' 96 HOLES; 11/12/13 3528-3540' 48 HOLES. WATER IN FORMATION, NO TREATMENT. FORMATION WAS SQUEEZED.

This formation is commingled with another formation: Yes No

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

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____
 Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____
 Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
 Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____
 Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____
 Reason for Non-Production: WATER IN FORMATION
 Date formation Abandoned: 05/15/2014 Squeeze: Yes No If yes, number of sacks cmt 250
 ** 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
:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400618460	CEMENT JOB SUMMARY

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)