

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



DE	ET	OE	ES
----	----	----	----

Document Number:
400758775

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

5. API Number <u>05-123-39121-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>NCLP</u>	Well Number: <u>AA06-69-1HNA</u>
8. Location: QtrQtr: <u>Lot 4</u> Section: <u>4</u> Township: <u>6N</u> Range: <u>63W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u>	Field Code: <u>90750</u>

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 08/27/2014 End Date: 08/28/2014 Date of First Production this formation: 10/16/2014

Perforations Top: 7123 Bottom: 11147 No. Holes: 0 Hole size: _____

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

Frac'd the Niobrara w/ 3087464 gals of PremStim and Slick Water with 4261780#'s of Ottawa sand.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): <u>73511</u>	Max pressure during treatment (psi): <u>7355</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>0.94</u>
Total acid used in treatment (bbl): <u>0</u>	Number of staged intervals: <u>21</u>
Recycled water used in treatment (bbl): <u>4458</u>	Flowback volume recovered (bbl): <u>216</u>
Fresh water used in treatment (bbl): <u>69052</u>	Disposition method for flowback: <u>RECYCLE</u>
Total proppant used (lbs): <u>4261780</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>10/22/2014</u>	Hours: <u>24</u>	Bbl oil: <u>140</u>	Mcf Gas: <u>98</u>	Bbl H2O: <u>460</u>
Calculated 24 hour rate:	Bbl oil: <u>140</u>	Mcf Gas: <u>98</u>	Bbl H2O: <u>460</u>	GOR: <u>700</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>477</u>	Tubing PSI: <u>324</u>	Choke Size: <u>20/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	Btu Gas: <u>1297</u>	API Gravity Oil: <u>40</u>	
Tubing Size: <u>2 + 7/8</u>	Tubing Setting Depth: <u>6863</u>	Tbg setting date: <u>10/03/2014</u>	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:

--

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
:

Attachment Check List

Att Doc Num **Name**

--	--

Total Attach: 0 Files

General Comments

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

--	--	--

Total: 0 comment(s)