

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> 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>05-123-38847-00</u> 7. Well Name: <u>Rainbow</u> 8. Location: QtrQtr: <u>SWSE</u> Section: <u>28</u> Township: <u>9N</u> Range: <u>59W</u> Meridian: <u>6</u> 9. Field Name: <u>WILDCAT</u> Field Code: <u>99999</u>	6. County: <u>WELD</u> Well Number: <u>LC28-74HNA</u>
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Completed Interval

FORMATION: <u>NIOBRARA</u>	Status: <u>PRODUCING</u>	Treatment Type: <u>FRACTURE STIMULATION</u>
Treatment Date: <u>10/16/2014</u>	End Date: <u>10/22/2014</u>	Date of First Production this formation: <u>12/04/2014</u>
Perforations Top: <u>6466</u>	Bottom: <u>10108</u>	No. Holes: <u>456</u> Hole size: _____

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

Frac'd the Niobrara w/ 2643386 gals of Silverstim and Slick Water 15% HCl, 7.5% HCl with 3389320#'s of Ottawa sand.
Perf 6466-10108

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): <u>62937</u>	Max pressure during treatment (psi): <u>8226</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>0.92</u>
Total acid used in treatment (bbl): <u>36</u>	Number of staged intervals: <u>19</u>
Recycled water used in treatment (bbl): <u>3516</u>	Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): <u>59420</u>	Disposition method for flowback: <u>RECYCLE</u>
Total proppant used (lbs): <u>3389320</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>12/08/2014</u>	Hours: <u>24</u>	Bbl oil: <u>313</u>	Mcf Gas: <u>113</u>	Bbl H2O: <u>410</u>
Calculated 24 hour rate:	Bbl oil: <u>313</u>	Mcf Gas: <u>113</u>	Bbl H2O: <u>410</u>	GOR: <u>361</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>947</u>	Tubing PSI: <u>413</u>	Choke Size: <u>22/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	Btu Gas: <u>1291</u>	API Gravity Oil: <u>41</u>	
Tubing Size: <u>2 + 7/8</u>	Tubing Setting Depth: <u>6121</u>	Tbg setting date: <u>12/03/2014</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:

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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 Analyst I Date: _____ Email: eroberts@nobleenergyinc.com

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)