

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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 2. Name of Operator: NOBLE ENERGY INC 3. Address: 1625 BROADWAY STE 2200 City: DENVER State: CO Zip: 80202 4. Contact Name: Kathleen Mills Phone: (720) 587-2226 Fax: (303) 228-4286 Email: kmills@nobleenergyinc.com

5. API Number 05-123-16947-00 6. County: WELD 7. Well Name: ART RED D Well Number: 9-11 8. Location: QtrQtr: NESW Section: 9 Township: 3N Range: 64W Meridian: 6 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type:

Treatment Date: End Date: Date of First Production this formation: 06/17/1993 Perforations Top: 6944 Bottom: 6957 No. Holes: 100 Hole size: 0.34

Provide a brief summary of the formation treatment: Open Hole: [] COMMINGLE W/NBBR

This formation is commingled with another formation: [] Yes [X] 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: 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.

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: 05/02/2012

Perforations Top: 6678 Bottom: 6957 No. Holes: 228 Hole size: _____

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

COMMINGLE NBBR & CDL

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: 08/28/2012 Hours: 24 Bbl oil: 5 Mcf Gas: 30 Bbl H2O: 1

Calculated 24 hour rate: Bbl oil: 5 Mcf Gas: 30 Bbl H2O: 1 GOR: 6000

Test Method: FLOWING Casing PSI: 882 Tubing PSI: 530 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1295 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6782 Tbg setting date: 04/16/2012 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.

FORMATION: NIOBRARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 04/26/2012 End Date: 04/26/2012 Date of First Production this formation: 05/02/2012

Perforations Top: 6678 Bottom: 6742 No. Holes: 128 Hole size: 0.27

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

PERF'D NIO A 6678-6694, NIO B 3726-6742, FRAC'D W/154639 GAL VISTAR AND SLICK WATER, 500 GAL 15% HCL, 226194# OTTAWA SAND

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 3694 Max pressure during treatment (psi): 8454

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment: Min frac gradient (psi/ft): 0.96

Total acid used in treatment (bbl): 12 Number of staged intervals: 1

Recycled water used in treatment (bbl): 245 Flowback volume recovered (bbl): 537

Fresh water used in treatment (bbl): 3437 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 226194 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:

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: Kathleen Mills Print Name: Kathleen Mills Title: Regulatory Analyst Date: 7/16/2013 Email: kmills@nobleenergyinc.com

Attachment Check List

Table with 2 columns: Att Doc Num, Name. Row 1: 400448108, FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

Table with 3 columns: User Group, Comment, Comment Date. Row 1: Permit, Per operator: "Tubing setting date was 4/16/2012, size 2-3/8", depth 6782'.", 2/10/2015 7:43:28 AM. Row 2: Permit, Contacted operator to verify tubing setting depth and date., 2/6/2015 1:59:27 PM

Total: 2 comment(s)