

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 400468296 Date Received: 08/15/2013

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 05-123-22410-00 6. County: WELD 7. Well Name: PERKINS Well Number: 34-9 8. Location: QtrQtr: SWSE Section: 9 Township: 2N Range: 64W Meridian: 6 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 08/08/2012 End Date: 08/08/2012 Date of First Production this formation: 10/05/2005 Perforations Top: 7112 Bottom: 7122 No. Holes: 40 Hole size: 0.41

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

FRAC'D W/29516 GAL VISTAR, MECHANICAL FAILURE. FLOWBACK 982 BBLS CUMMULATIVE NB & CD

This formation is commingled with another formation: [X] Yes [] No Total fluid used in treatment (bbl): 703 Max pressure during treatment (psi): 4478 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): 0.99 Total acid used in treatment (bbl): Number of staged intervals: 1 Recycled water used in treatment (bbl): 2 Flowback volume recovered (bbl): 982 Fresh water used in treatment (bbl): 701 Disposition method for flowback: RECYCLE Total proppant used (lbs): 0 Rule 805 green completion techniques were utilized: [X] 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: J SAND Status: SHUT IN Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: 11/16/2004

Perforations Top: 7580 Bottom: 7616 No. Holes: 104 Hole size: _____

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

SI TO RECOMPLETE THE CDL & NB. 7/23/2012 SET CIFT PLUG @7162'. 8/24/2012 SET CIBP@7124'. BOTH PLUGS IN WELLBORE.

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: SI TO RECOMPLETE THE NB & CD

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: 09/21/2012

Perforations Top: 6949 Bottom: 7122 No. Holes: 96 Hole size: _____

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

COMINGLE NB & CD

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: 10/04/2012 Hours: 24 Bbl oil: 6 Mcf Gas: 36 Bbl H2O: 1

Calculated 24 hour rate: Bbl oil: 6 Mcf Gas: 36 Bbl H2O: 1 GOR: 6000

Test Method: FLOWING Casing PSI: 1100 Tubing PSI: 1100 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1215 API Gravity Oil: 45

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7092 Tbg setting date: 08/27/2012 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: 08/08/2012 End Date: 08/08/2012 Date of First Production this formation: 09/21/2012
 Perforations Top: 6949 Bottom: 7017 No. Holes: 24 Hole size: 0.71

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

PERF'D 6949-6961', 7005-7017'. FRAC'D W/255761 GAL VISTAR, SLICK WATER, 546 GAL 15% HCL AND 255053# OTTAWA SAND . FLOWBACK 982 BBLs CUMMULATIVE NB & CD

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 6103 Max pressure during treatment (psi): 4876

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): 0.98

Total acid used in treatment (bbl): 13 Number of staged intervals: 8

Recycled water used in treatment (bbl): 96 Flowback volume recovered (bbl): 982

Fresh water used in treatment (bbl): 5994 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 255053 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: _____ Print Name: Kathleen Mills
 Title: Regulatory Analyst Date: 8/15/2013 Email: kmills@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400468296	FORM 5A SUBMITTED
400468323	WIRELINE JOB SUMMARY
400468324	WIRELINE JOB SUMMARY

Total Attach: 3 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)