FORM 5A Rev 06/12

State of Colorado
Oil and Gas Conservation Commission

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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 05-123-37217-00
6. County: WELD
7. Well Name: WELLS RANCH AE
Well Number: 20-68-1HN
8. Location: QtrQtr: NWNW Section: 20 Township: 6N Range: 62W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/22/2013 End Date: 12/23/2013 Date of First Production this formation: 01/27/2014

Perforations Top: 7195 Bottom: 10821 No. Holes: 0 Hole size:

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

FRAC'D W/2499383 GALS SILVERSTIM AND SLICK WATER AND 3627763# OTTAWA SAND

This formation is commingled with another formation: [ ] Yes [X] No

Total fluid used in treatment (bbl): 59509
Max pressure during treatment (psi): 5639
Total gas used in treatment (mcf):
Fluid density at initial fracture (lbs/gal): 8.43
Type of gas used in treatment:
Min frac gradient (psi/ft): 0.86
Total acid used in treatment (bbl):
Number of staged intervals: 19
Recycled water used in treatment (bbl): 3931
Flowback volume recovered (bbl): 5058
Fresh water used in treatment (bbl): 55578
Disposition method for flowback: RECYCLE
Total proppant used (lbs): 3627763
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: 02/06/2014 Hours: 24 Bbl oil: 134 Mcf Gas: 168 Bbl H2O: 352

Calculated 24 hour rate: Bbl oil: 134 Mcf Gas: 168 Bbl H2O: 352 GOR: 1254

Test Method: FLOWING Casing PSI: 0 Tubing PSI: 350 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1198 API Gravity Oil: 39

Tubing Size: 2 + 7/8 Tubing Setting Depth: 6871 Tbg setting date: 01/18/2014 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: 3/31/2014 Email: kmills@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400581286	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)