

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, reoperation 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: Julie Webb Phone: (720) 587-2316 Fax: Email: MClark@nobleenergyinc.com

5. API Number 05-123-34244-00 6. County: WELD 7. Well Name: FEDERAL PC Well Number: LG08-12 8. Location: QtrQtr: NWSW Section: 8 Township: 8N Range: 59W Meridian: 6 9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION Treatment Date: 10/19/2011 End Date: 10/22/2011 Date of First Production this formation: 08/22/2013 Perforations Top: 6324 Bottom: 6334 No. Holes: 32 Hole size: 0.41

Provide a brief summary of the formation treatment:

Open Hole: []

Pumped 201,420 lbs of Ottawa Proppant and 94,416 gallons of 15% HCL and Silverstim. The Codell has a composite flow through plug. Commingle the Niobrara and Codell.

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

Total fluid used in treatment (bbl): 2465 Max pressure during treatment (psi): 2994 Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.34 Type of gas used in treatment: Min frac gradient (psi/ft): 0.72 Total acid used in treatment (bbl): 0 Number of staged intervals: 7 Recycled water used in treatment (bbl): 217 Flowback volume recovered (bbl): 1738 Fresh water used in treatment (bbl): 2248 Disposition method for flowback: RECYCLE Total proppant used (lbs): 201420 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: NIOBRARA-CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 10/19/2011 End Date: 10/22/2011 Date of First Production this formation: 08/22/2013

Perforations Top: 6053 Bottom: 6332 No. Holes: 82 Hole size:

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

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: 08/31/2013 Hours: 24 Bbl oil: 333 Mcf Gas: 205 Bbl H2O: 134

Calculated 24 hour rate: Bbl oil: 333 Mcf Gas: 205 Bbl H2O: 134 GOR: 615

Test Method: Flowing Casing PSI: 1250 Tubing PSI: Choke Size: 20/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1341 API Gravity Oil: 52

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 Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 10/22/2011 End Date: 10/22/2011 Date of First Production this formation: 08/22/2013

Perforations Top: 6053 Bottom: 6176 No. Holes: 50 Hole size: 0.69

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

Pumped 251,523 lbs of Ottawa Proppant and 154,140 gallons of Slick Water and Silverstim. Commingle the Niobrara and Codell.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 3941 Max pressure during treatment (psi): 3646

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment: Min frac gradient (psi/ft): 0.83

Total acid used in treatment (bbl): 0 Number of staged intervals: 7

Recycled water used in treatment (bbl): 271 Flowback volume recovered (bbl): 1738

Fresh water used in treatment (bbl): 3670 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 251523 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:

Well had flow back In October, 2011 and November, 2011 and has been shut in since that time due to no sales line. Sales line was installed 8/14, with first sales on 8/22.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: Print Name: Julie Webb

Title: Regulatory Analyst Date: 1/13/2014 Email MClark@nobleenergyinc.com

Attachment Check List

Table with 2 columns: Att Doc Num, Name. Row 1: 400537446, FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

Table with 3 columns: User Group, Comment, Comment Date

Total: 0 comment(s)