

FORM 5A

Rev 06/12

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Date Received:

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 4. Contact Name: EILEEN ROBERTS
 2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4330
 3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
 City: DENVER State: CO Zip: 80202 Email: eileen.roberts@nblenergy.com

5. API Number 05-123-39879-00 6. County: WELD
 7. Well Name: Tripucka State Well Number: LD02-75HN
 8. Location: QtrQtr: SWSE Section: 2 Township: 9N Range: 58W Meridian: 6
 9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 04/24/2015 End Date: 04/27/2015 Date of First Production this formation: 06/17/2015

Perforations Top: 6165 Bottom: 9573 No. Holes: 0 Hole size: _____

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

Frac'd the Niobrara w/ 2491843 gals of Silverstim and Slick Water with 3566620#'s of Ottawa sand.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 59329 Max pressure during treatment (psi): 5405

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.43

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.81

Total acid used in treatment (bbl): 0 Number of staged intervals: 18

Recycled water used in treatment (bbl): 3935 Flowback volume recovered (bbl): 256

Fresh water used in treatment (bbl): 55393 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 3566620 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 06/22/2015 Hours: 24 Bbl oil: 113 Mcf Gas: 670 Bbl H2O: 109

Calculated 24 hour rate: Bbl oil: 113 Mcf Gas: 670 Bbl H2O: 109 GOR: 5929

Test Method: FLOWING Casing PSI: 893 Tubing PSI: 299 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1364 API Gravity Oil: 42

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5890 Tbg setting date: 05/29/2015 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 Date: _____ Email: eileen.roberts@nblenergy.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)