

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		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT			Document Number: 400896609 Date Received:				
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: <u>100322</u> 2. Name of Operator: <u>NOBLE ENERGY INC</u> 3. Address: <u>1625 BROADWAY STE 2200</u> City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	4. Contact Name: <u>EILEEN ROBERTS</u> Phone: <u>(303) 228-4330</u> Fax: <u>(303) 228-4286</u> Email: <u>eileen.roberts@nblenergy.com</u>
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5. API Number <u>05-123-40593-00</u> 7. Well Name: <u>Haley</u> 8. Location: QtrQtr: <u>NENE</u> Section: <u>34</u> Township: <u>9N</u> Range: <u>59W</u> Meridian: <u>6</u> 9. Field Name: <u>WILDCAT</u> Field Code: <u>99999</u>	6. County: <u>WELD</u> Well Number: <u>LC27-711</u>
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Completed Interval

FORMATION: <u>NIOBRARA</u>	Status: <u>PRODUCING</u>	Treatment Type: <u>FRACTURE STIMULATION</u>
Treatment Date: <u>08/11/2015</u>	End Date: <u>08/12/2015</u>	Date of First Production this formation: <u>08/23/2015</u>
Perforations Top: <u>6606</u>	Bottom: <u>11378</u>	No. Holes: <u>0</u> Hole size: _____
Provide a brief summary of the formation treatment:		Open Hole: <input checked="" type="checkbox"/>
Frac'd the Niobrara w/ 4262651 gals of Silverstim and Slick Water with 3474497#'s of Ottawa sand.		
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Total fluid used in treatment (bbl): <u>101491</u>	Max pressure during treatment (psi): <u>7458</u>	
Total gas used in treatment (mcf): <u>0</u>	Fluid density at initial fracture (lbs/gal): <u>8.43</u>	
Type of gas used in treatment: _____	Min frac gradient (psi/ft): <u>0.81</u>	
Total acid used in treatment (bbl): <u>0</u>	Number of staged intervals: <u>23</u>	
Recycled water used in treatment (bbl): <u>3967</u>	Flowback volume recovered (bbl): <u>105</u>	
Fresh water used in treatment (bbl): <u>97523</u>	Disposition method for flowback: <u>RECYCLE</u>	
Total proppant used (lbs): <u>3474497</u>	Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/>	
Reason why green completion not utilized: _____		

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: <u>08/27/2015</u>	Hours: <u>24</u>	Bbl oil: <u>410</u>	Mcf Gas: <u>143</u>	Bbl H2O: <u>476</u>
Calculated 24 hour rate:	Bbl oil: <u>410</u>	Mcf Gas: <u>143</u>	Bbl H2O: <u>476</u>	GOR: <u>348</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>0</u>	Tubing PSI: <u>351</u>	Choke Size: <u>22/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	Btu Gas: <u>1264</u>	API Gravity Oil: <u>38</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>6295</u>	Tbg setting date: <u>08/22/2015</u>	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
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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)