

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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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: Julie Webb
 2. Name of Operator: NOBLE ENERGY INC Phone: (720) 587-2223
 3. Address: 1625 BROADWAY STE 2200 Fax: _____
 City: DENVER State: CO Zip: 80202 Email: jwebb@progressivepcs.net

5. API Number 05-123-41535-00 6. County: WELD
 7. Well Name: 70 Ranch State Well Number: BB18-647
 8. Location: QtrQtr: NESE Section: 17 Township: 5N Range: 63W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 10/23/2015 End Date: 10/26/2015 Date of First Production this formation: 11/09/2015

Perforations Top: 7086 Bottom: 15959 No. Holes: 0 Hole size: _____

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

Niobrara frac'd with 8,516,360 lb Ottawa sand, 7977289 slilverstem and slick water

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 189935 Max pressure during treatment (psi): 7820

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): 0.92

Total acid used in treatment (bbl): 0 Number of staged intervals: 38

Recycled water used in treatment (bbl): 9228 Flowback volume recovered (bbl): 2187

Fresh water used in treatment (bbl): 180707 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 8516360 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 11/11/2015 Hours: 24 Bbl oil: 40 Mcf Gas: 92 Bbl H2O: 1346

Calculated 24 hour rate: Bbl oil: 40 Mcf Gas: 92 Bbl H2O: 1346 GOR: 2300

Test Method: Flowing Casing PSI: 1200 Tubing PSI: _____ Choke Size: 22/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1368 API Gravity Oil: 42

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:

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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: Julie Webb

Title: Regualtory Analyst Date: _____ Email jwebb@progressivepcs.net
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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)