

FORM 5A

Rev 06/12

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State of Colorado

Oil and Gas Conservation Commission



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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: 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 05-123-41588-00 6. County: WELD
 7. Well Name: Greyson Well Number: LD28-773
 8. Location: QtrQtr: SESW Section: 28 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: 11/27/2015 End Date: 12/03/2015 Date of First Production this formation: 01/04/2016

Perforations Top: 6443 Bottom: 10582 No. Holes: 0 Hole size: 22/64

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

Niobrara Frac'd with 5349494 lb Ottawa Sand, 5530465 gal fresh water, 5779670 gal silverstem and slick water

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 269289 Max pressure during treatment (psi): 8430

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: 23

Recycled water used in treatment (bbl): 137611 Flowback volume recovered (bbl): 4466

Fresh water used in treatment (bbl): 131678 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 5349494 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 01/13/2016 Hours: 24 Bbl oil: 745 Mcf Gas: 235 Bbl H2O: 686

Calculated 24 hour rate: Bbl oil: 745 Mcf Gas: 235 Bbl H2O: 686 GOR: 315

Test Method: Flowing Casing PSI: 965 Tubing PSI: 623 Choke Size: 22/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1375 API Gravity Oil: 49

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6169 Tbg setting date: 12/19/2015 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: 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)