

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Document Number:
400798552

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02/24/2015

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: <u>100322</u>	4. Contact Name: <u>Kathleen Mills</u>
2. Name of Operator: <u>NOBLE ENERGY INC</u>	Phone: <u>(720) 587-2226</u>
3. Address: <u>1625 BROADWAY STE 2200</u>	Fax: <u>(303) 228-4286</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>eroberts@nobleenergyinc.com</u>

5. API Number <u>05-123-37619-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>ROHN STATE</u>	Well Number: <u>LD10-69-1HN</u>
8. Location: QtrQtr: <u>NENE</u> Section: <u>9</u> Township: <u>9N</u> Range: <u>58W</u> Meridian: <u>6</u>	
9. Field Name: <u>DJ HORIZONTAL NIOBRARA</u> Field Code: <u>16950</u>	

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/06/2014 End Date: 12/08/2014 Date of First Production this formation: 12/30/2014

Perforations Top: 6279 Bottom: 9471 No. Holes: _____ Hole size: _____

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

FRAC'D W/2266383 GALS SILVERSTIM AND SLICK WATER AND 3303547# OTTAWA SAND

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): <u>53961</u>	Max pressure during treatment (psi): <u>4194</u>
Total gas used in treatment (mcf): _____	Fluid density at initial fracture (lbs/gal): <u>8.43</u>
Type of gas used in treatment: _____	Min frac gradient (psi/ft): <u>0.76</u>
Total acid used in treatment (bbl): _____	Number of staged intervals: <u>17</u>
Recycled water used in treatment (bbl): <u>3587</u>	Flowback volume recovered (bbl): <u>8844</u>
Fresh water used in treatment (bbl): <u>50374</u>	Disposition method for flowback: <u>RECYCLE</u>
Total proppant used (lbs): <u>3303547</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>01/10/2015</u>	Hours: <u>24</u>	Bbl oil: <u>265</u>	Mcf Gas: <u>83</u>	Bbl H2O: <u>525</u>
Calculated 24 hour rate:	Bbl oil: <u>265</u>	Mcf Gas: <u>83</u>	Bbl H2O: <u>525</u>	GOR: <u>313</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>896</u>	Tubing PSI: <u>433</u>	Choke Size: <u>22/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	Btu Gas: <u>1298</u>	API Gravity Oil: <u>40</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>6008</u>	Tbg setting date: <u>12/21/2014</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: Kathleen Mills

Title: Regulatory Analyst Date: 2/24/2015 Email: eroberts@nobleenergyinc.com
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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400798552	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Changed field name to DJ Horiz. Niobrara.	2/16/2016 2:40:27 PM

Total: 1 comment(s)