

FORM 5A
Rev 06/12

State of Colorado
Oil and Gas Conservation Commission

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Document Number:
400779682
Date Received:
02/02/2015

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: 100322 4. Contact Name: Eileen Roberts
 2. Name of Operator: NOBLE ENERGY INC Phone: (303) 2284330
 3. Address: 1625 BROADWAY STE 2200 Fax: (303) 2284286
 City: DENVER State: CO Zip: 80202 Email: eroberts@nobleenergyinc.com

5. API Number 05-123-37624-00 6. County: WELD
 7. Well Name: ROHN STATE Well Number: LD10-62HN
 8. Location: QtrQtr: SESE Section: 9 Township: 9N Range: 58W Meridian: 6
 9. Field Name: DJ HORIZONTAL NIOBRARA Field Code: 16950

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/15/2014 End Date: 12/17/2014 Date of First Production this formation: 01/12/2015

Perforations Top: 6114 Bottom: 10038 No. Holes: _____ Hole size: _____

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

Frac'd the Niobrara w/ 3301005 gals of Silverstim and Slick Water with 4192995#'s of Ottawa sand.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 78595 Max pressure during treatment (psi): 5580

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): 0.89

Total acid used in treatment (bbl): _____ Number of staged intervals: 21

Recycled water used in treatment (bbl): 3960 Flowback volume recovered (bbl): 264

Fresh water used in treatment (bbl): 74634 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 4192995 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 01/20/2015 Hours: 24 Bbl oil: 231 Mcf Gas: 177 Bbl H2O: 452

Calculated 24 hour rate: Bbl oil: 231 Mcf Gas: 177 Bbl H2O: 452 GOR: 766

Test Method: FLOWING Casing PSI: 914 Tubing PSI: 326 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1352 API Gravity Oil: 40

Tubing Size: 2 + 7/8 Tubing Setting Depth: 5850 Tbg setting date: 01/08/2015 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 I Date: 2/2/2015 Email: eroberts@nobleenergyinc.com
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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400779682	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.	2/19/2016 10:51:30 AM

Total: 1 comment(s)