

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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

5. API Number 05-123-38166-00
6. County: WELD
7. Well Name: Storis
Well Number: E24-76-1HN
8. Location: QtrQtr: SWSW Section: 24 Township: 6N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 08/26/2014 End Date: 06/28/2014 Date of First Production this formation: 09/22/2014

Perforations Top: 7472 Bottom: 11342 No. Holes: Hole size:

Provide a brief summary of the formation treatment: Open Hole: [X]

FRAC'D W/3174018 GALS TRIDENT AND SLICK WATER AND 4286852# OTTAWA SAND

This formation is commingled with another formation: [ ] Yes [X] No
Total fluid used in treatment (bbl): 75571
Max pressure during treatment (psi): 5751
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): 0.96
Total acid used in treatment (bbl):
Number of staged intervals: 20
Recycled water used in treatment (bbl): 4619
Flowback volume recovered (bbl): 8600
Fresh water used in treatment (bbl): 70952
Disposition method for flowback: RECYCLE
Total proppant used (lbs): 4286852
Rule 805 green completion techniques were utilized: [X]
Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 09/30/2014 Hours: 24 Bbl oil: 447 Mcf Gas: 629 Bbl H2O: 722
Calculated 24 hour rate: Bbl oil: 447 Mcf Gas: 629 Bbl H2O: 722 GOR: 1407
Test Method: FLOWING Casing PSI: 2130 Tubing PSI: 1500 Choke Size: 16/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1300 API Gravity Oil: 41
Tubing Size: 2 + 7/8 Tubing Setting Depth: 7187 Tbg setting date: 09/20/2014 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: 11/5/2014 Email: eroberts@nobleenergyinc.com  
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### Attachment Check List

**Att Doc Num**      **Name**

400724186	FORM 5A SUBMITTED
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Total Attach: 1 Files

### General Comments

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