

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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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 05-123-41786-00 6. County: WELD
 7. Well Name: Wells Ranch Well Number: AF05-690
 8. Location: QtrQtr: SWSW Section: 32 Township: 6N Range: 62W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/11/2016 End Date: 05/16/2016 Date of First Production this formation: 07/26/2016

Perforations Top: 7126 Bottom: 15878 No. Holes: 0 Hole size: _____

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

Niobrara frac'd with 10545914 lbs Ottawa Sand, 10538618 gal silverstem and slickwater

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 250919 Max pressure during treatment (psi): 6489

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): 0.84

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

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 8731

Fresh water used in treatment (bbl): 250919 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 10545914 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 07/29/2016 Hours: 24 Bbl oil: 115 Mcf Gas: 126 Bbl H2O: 2185

Calculated 24 hour rate: Bbl oil: 115 Mcf Gas: 126 Bbl H2O: 2185 GOR: 1096

Test Method: Flowing Casing PSI: 4 Tubing PSI: 629 Choke Size: 22/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1355 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6786 Tbg setting date: 07/19/2016 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:

Top packer set at 6998', bottom packer set at 15726'

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: Senior Regulatory Analyst Date: _____ Email: jwebb@progressivepcs.net
:

Attachment Check List

Att Doc Num **Name**

| <u>Att Doc Num</u> | <u>Name</u> |
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Total Attach: 0 Files

General Comments

User Group **Comment** **Comment Date**

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
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