

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 401162607

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 2. Name of Operator: NOBLE ENERGY INC 3. Address: 1625 BROADWAY STE 2200 City: DENVER State: CO Zip: 80202 4. Contact Name: Julie Webb Phone: (720) 587-2223 Fax: Email: jwebb@progressivepcs.net

5. API Number 05-123-29848-00 6. County: WELD 7. Well Name: JOHNSON G Well Number: 13-27D 8. Location: QtrQtr: SWSE Section: 12 Township: 4N Range: 65W Meridian: 6 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 10/17/2016 End Date: 10/17/2016 Date of First Production this formation: 05/01/2010 Perforations Top: 7144 Bottom: 7157 No. Holes: 52 Hole size: 0.42

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

Codell Refrac: 489267 lbs Ottawa Sand, 586223 gal silverstem and slickwater

This formation is commingled with another formation: [X] Yes [] No Total fluid used in treatment (bbl): 13957 Max pressure during treatment (psi): 5042 Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.43 Type of gas used in treatment: Min frac gradient (psi/ft): 0.81 Total acid used in treatment (bbl): 0 Number of staged intervals: 1 Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 1203 Fresh water used in treatment (bbl): 13957 Disposition method for flowback: RECYCLE Total proppant used (lbs): 489267 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: Hours: Bbl oil: Mcf Gas: Bbl H2O: Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR: Test Method: Casing PSI: Tubing PSI: Choke Size: Gas Disposition: Gas Type: Btu Gas: API Gravity Oil: Tubing Size: Tubing Setting Depth: Tbg setting date: 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.

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type: _____

Treatment Date: 10/17/2016 End Date: 10/25/2016 Date of First Production this formation: 05/10/2010

Perforations Top: 6902 Bottom: 7157 No. Holes: 124 Hole size: _____

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

This formation is commingled with another formation: Yes No

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

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: _____ Min frac gradient (psi/ft): _____

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

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

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

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

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 11/26/2016 Hours: 24 Bbl oil: 40 Mcf Gas: 339 Bbl H2O: 20

Calculated 24 hour rate: Bbl oil: 40 Mcf Gas: 339 Bbl H2O: 20 GOR: 8475

Test Method: Flowing Casing PSI: 884 Tubing PSI: 452 Choke Size: 16

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1355 API Gravity Oil: 59

Tubing Size: 3 + 7/8 Tubing Setting Depth: 7269 Tbg setting date: 10/28/2016 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.

FORMATION: NIOBRARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 10/25/2016 End Date: 10/25/2016 Date of First Production this formation: 05/01/2010

Perforations Top: 6902 Bottom: 7086 No. Holes: 72 Hole size: 0.72

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

Niobrara Refrac'd with 497510 lb Ottawa Sand, 528745 gal silverstem and slickwater

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 12589 Max pressure during treatment (psi): 5158

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.43

Type of gas used in treatment: Min frac gradient (psi/ft): 1.02

Total acid used in treatment (bbl): 0 Number of staged intervals: 1

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 1203

Fresh water used in treatment (bbl): 12589 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 497510 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:

Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:

Test Method: Casing PSI: Tubing PSI: Choke Size:

Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:

Tubing Size: Tubing Setting Depth: Tbg setting date: 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:

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

Table with columns Att Doc Num and Name

Total Attach: 0 Files

General Comments

Table with columns User Group, Comment, Comment Date

Total: 0 comment(s)