

FORM
5ARev
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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Document Number:

401000363

Date Received:

03/04/2016

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 05-123-40158-00 6. County: WELD
 7. Well Name: Crow Creek Well Number: AA01-766
 8. Location: QtrQtr: NWNW Section: 1 Township: 6N Range: 63W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATIONTreatment Date: 01/07/2016 End Date: 01/10/2016 Date of First Production this formation: 02/13/2016Perforations Top: 7223 Bottom: 11569 No. Holes: 0 Hole size: _____Provide a brief summary of the formation treatment: Open Hole: ☒

Niobrara Frac'd with 3677714 lb Ottawa Sand, 5,803,358 gal fresh water, 5,977,822 gal silverstem and slickwater

This formation is commingled with another formation: ☐ Yes ☒ NoTotal fluid used in treatment (bbl): 280504Max pressure during treatment (psi): 7445

Total gas used in treatment (mcf): _____

Fluid density at initial fracture (lbs/gal): 8.74

Type of gas used in treatment: _____

Min frac gradient (psi/ft): 0.92

Total acid used in treatment (bbl): _____

Number of staged intervals: 22Recycled water used in treatment (bbl): 142329Flowback volume recovered (bbl): 6455Fresh water used in treatment (bbl): 138175Disposition method for flowback: RECYCLETotal proppant used (lbs): 3677714Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 02/24/2016 Hours: 24 Bbl oil: 422 Mcf Gas: 197 Bbl H2O: 408Calculated 24 hour rate: Bbl oil: 422 Mcf Gas: 197 Bbl H2O: 408 GOR: 467Test Method: Flowing Casing PSI: 36 Tubing PSI: 695 Choke Size: 20/64Gas Disposition: SOLD Gas Type: WET Btu Gas: 1377 API Gravity Oil: 52Tubing Size: 2 + 3/8 Tubing Setting Depth: 7004 Tbg setting date: 02/11/2016 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:

Actual TPZ 724 FNL, 1026' FWL, Sec 1, T6N, R63W

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 Regualtory Analyst Date: 3/4/2016 Email jwebb@progressivepcs.net
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Attachment Check List

Att Doc Num **Name**

401000363	FORM 5A SUBMITTED
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Total Attach: 1 Files

General Comments

User Group **Comment**

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)