

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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Document Number:

400288106

Date Received:

05/29/2012

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.

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| 1. OGCC Operator Number: <u>100322</u> | 4. Contact Name: <u>Tania McNutt</u> |
| 2. Name of Operator: <u>NOBLE ENERGY INC</u> | Phone: <u>(303) 228-4392</u> |
| 3. Address: <u>1625 BROADWAY STE 2200</u> | Fax: <u>(303) 228-4286</u> |
| City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u> | Email: <u>tmcnutt@nobleenergyinc.com</u> |

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|---|----------------------------|
| 5. API Number <u>05-123-31185-00</u> | 6. County: <u>WELD</u> |
| 7. Well Name: <u>MARLEY C</u> | Well Number: <u>01-33D</u> |
| 8. Location: QtrQtr: <u>NWSW</u> Section: <u>1</u> Township: <u>4N</u> Range: <u>64W</u> Meridian: <u>6</u> | |
| 9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u> | |

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type: _____
Treatment Date: 02/09/2012 End Date: _____ Date of First Production this formation: 02/22/2012
Perforations Top: 6607 Bottom: 6801 No. Holes: 96 Hole size: 14/64
Provide a brief summary of the formation treatment: _____ Open Hole:

Pumped 470,721 lbs of Ottawa Proppant and 271,765 gallons of 15% HCL, Slick Water and Vistar
The Codell is producing through a composite flow through plug

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: 03/02/2012 Hours: 12 Bbl oil: 81 Mcf Gas: 221 Bbl H2O: 52
Calculated 24 hour rate: Bbl oil: 81 Mcf Gas: 221 Bbl H2O: 52 GOR: 2728
Test Method: FLOWING Casing PSI: 950 Tubing PSI: _____ Choke Size: 14/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1284 API Gravity Oil: 51
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: Tania McNutt
Title: Regulatory Analyst Date: 5/29/2012 Email: tmcnutt@nobleenergyinc.com

Attachment Check List

| Att Doc Num | Name |
|-------------|---------------------------|
| 400288106 | COMPLETED INTERVAL REPORT |
| 400302953 | FORM 5A SUBMITTED |

Total Attach: 2 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|--------------------------|-----------------------|----------------------------|
| | | Stamp Upon Approval |

Total: 0 comment(s)