

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.

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: Tania McNutt

Phone: (303) 228-4392

Fax: (303) 228-4286

Email: tmcnutt@nobleenergyinc.com

5. API Number 05-123-31185-00

7. Well Name: MARLEY C

8. Location: QtrQtr: NWSW Section: 1 Township: 4N Range: 64W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: 01-33D

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)