

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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: EILEEN ROBERTS
Phone: (303) 228-4330
Fax: (303) 228-4286
Email: eileen.roberts@nblenergy.com

5. API Number 05-123-40597-00
6. County: WELD
7. Well Name: Haley
Well Number: LC27-715
8. Location: QtrQtr: NENE Section: 34 Township: 9N Range: 59W Meridian: 6
9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 08/09/2015 End Date: 08/11/2015 Date of First Production this formation: 08/23/2015

Perforations Top: 6454 Bottom: 11262 No. Holes: 0 Hole size:

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

Frac'd the Niobrara w/ 4221612 gals of Silverstim and Slick Water with 3401953#'s of Ottawa sand.

This formation is commingled with another formation: [] Yes [X] No

Total fluid used in treatment (bbl): 100514 Max pressure during treatment (psi): 6515

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): 0.79

Total acid used in treatment (bbl): 0 Number of staged intervals: 21

Recycled water used in treatment (bbl): 3828 Flowback volume recovered (bbl): 98

Fresh water used in treatment (bbl): 96686 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 3401953 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: 08/29/2015 Hours: 24 Bbl oil: 201 Mcf Gas: 41 Bbl H2O: 351

Calculated 24 hour rate: Bbl oil: 201 Mcf Gas: 41 Bbl H2O: 351 GOR: 203

Test Method: FLOWING Casing PSI: 933 Tubing PSI: 404 Choke Size: 22/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1264 API Gravity Oil: 42

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6223 Tbg setting date: 08/20/2015 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:

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I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: EILEEN ROBERTS

Title: REGULATORY ANALYST Date: 9/15/2015 Email eileen.roberts@nblenergy.com

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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400900093	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

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