

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, reoperation 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: Kathleen Mills Phone: (720) 587-2226 Fax: (303) 228-4286 Email: eroberts@nobleenergyinc.com

5. API Number 05-123-24131-00 6. County: WELD 7. Well Name: Sater USX CC Well Number: 19-07 8. Location: QtrQtr: SWNE Section: 19 Township: 4N Range: 63W Meridian: 6 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: Treatment Date: End Date: Date of First Production this formation: 11/24/2006 Perforations Top: 6725 Bottom: 6735 No. Holes: 40 Hole size: 0.42 Provide a brief summary of the formation treatment: Open Hole: This formation is commingled with another formation: [X] 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: 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: J SAND Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 09/29/2011 End Date: 09/29/2011 Date of First Production this formation: 10/12/2011

Perforations Top: 7184 Bottom: 7230 No. Holes: 116 Hole size: 0.41

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

FRC'D W/157044 GAL VISTAR AND SLICK WATER, 17590# SB EXCEL AND 259072# OTTAWA SAND

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 3739 Max pressure during treatment (psi): 7183

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment: Min frac gradient (psi/ft): 0.58

Total acid used in treatment (bbl): 0 Number of staged intervals: 10

Recycled water used in treatment (bbl): 298 Flowback volume recovered (bbl): 250

Fresh water used in treatment (bbl): 3441 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 27662 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 10/21/2011 Hours: 24 Bbl oil: 5 Mcf Gas: 220 Bbl H2O: 133

Calculated 24 hour rate: Bbl oil: 5 Mcf Gas: 220 Bbl H2O: 133 GOR: 44000

Test Method: FLOWING Casing PSI: 980 Tubing PSI: 480 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1335 API Gravity Oil: 50

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7166 Tbg setting date: 10/05/2011 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: Kathleen Mills

Title: Regulatory Analyst Date: 11/25/2013 Email: eroberts@nobleenergyinc.com

Attachment Check List

Table with 2 columns: Att Doc Num, Name. Row 1: 400518150, FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

Table with 3 columns: User Group, Comment, Comment Date. Row 1: Permit, Operator has stated that they will make corrections to Form 7 reporting, 03/28/2017. Row 2: Permit, Added CODL panel to show formation commingled with another formation, 03/28/2017

Total: 2 comment(s)