

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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Date Received:

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: 1001 NOBLE ENERGY WAY City: HOUSTON State: TX Zip: 77070 4. Contact Name: Logan Boughal Phone: (832) 6397447 Fax: Email: logan.boughal@nblenergy.com

5. API Number 05-123-42977-00 6. County: WELD 7. Well Name: Benelli Federal Well Number: LC22-760 8. Location: QtrQtr: NENW Section: 22 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: End Date: Date of First Production this formation: 01/04/2018

Perforations Top: 6600 Bottom: 10885 No. Holes: 648 Hole size:

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

frac'd with 3939850 lbs 40/70 sand, 350 bbls 28% HCl, and 110324 bbls fluid.

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

Total fluid used in treatment (bbl): 110324 Max pressure during treatment (psi): 8160

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.48

Type of gas used in treatment: Min frac gradient (psi/ft): 0.75

Total acid used in treatment (bbl): 350 Number of staged intervals: 108

Recycled water used in treatment (bbl): Flowback volume recovered (bbl): 45

Fresh water used in treatment (bbl): 110324 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 3939850 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: 01/08/2018 Hours: 24 Bbl oil: 494 Mcf Gas: 242 Bbl H2O: 669

Calculated 24 hour rate: Bbl oil: 494 Mcf Gas: 242 Bbl H2O: 669 GOR: 0

Test Method: flowing Casing PSI: 4 Tubing PSI: 528 Choke Size:

Gas Disposition: Gas Type: Btu Gas: 1342 API Gravity Oil: 37

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6421 Tbg setting date: 12/10/2017 Packer Depth: 6427

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: Logan Boughal

Title: Regulatory Analyst II Date: _____ Email: logan.boughal@nblenergy.com
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Attachment Check List

Att Doc Num **Name**

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Total Attach: 0 Files

General Comments

User Group **Comment** **Comment Date**

		Stamp Upon Approval
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