

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		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT			Document Number: 401513235 Date Received:				
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: <u>100322</u> 2. Name of Operator: <u>NOBLE ENERGY INC</u> 3. Address: <u>1001 NOBLE ENERGY WAY</u> City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77070</u>	4. Contact Name: <u>Logan Boughal</u> Phone: <u>(832) 6397447</u> Fax: _____ Email: <u>logan.boughal@nblenergy.com</u>
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5. API Number <u>05-123-42972-00</u> 7. Well Name: <u>Rattlesnake Federal</u> 8. Location: QtrQtr: <u>NWNW</u> Section: <u>22</u> Township: <u>9N</u> 9. Field Name: <u>WILDCAT</u> Field Code: <u>99999</u>	6. County: <u>WELD</u> Well Number: <u>LC10-785</u> Range: <u>59W</u> Meridian: <u>6</u>
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Completed Interval

FORMATION: <u>NIOBRARA</u>	Status: <u>PRODUCING</u>	Treatment Type: <u>FRACTURE STIMULATION</u>
Treatment Date: _____	End Date: <u>11/19/2017</u>	Date of First Production this formation: _____
Perforations Top: <u>6639</u>	Bottom: <u>17142</u>	No. Holes: <u>1584</u> Hole size: <u>0.48</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>
niobrara frac'd with 1849 bbls 28% HCl, 408574 bbls fluid, and 14214965 lbs 40/70 sand.		
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Total fluid used in treatment (bbl): <u>408574</u>	Max pressure during treatment (psi): <u>8932</u>	
Total gas used in treatment (mcf): <u>0</u>	Fluid density at initial fracture (lbs/gal): <u>8.48</u>	
Type of gas used in treatment: _____	Min frac gradient (psi/ft): <u>0.75</u>	
Total acid used in treatment (bbl): <u>1849</u>	Number of staged intervals: <u>264</u>	
Recycled water used in treatment (bbl): _____	Flowback volume recovered (bbl): <u>0</u>	
Fresh water used in treatment (bbl): <u>408574</u>	Disposition method for flowback: <u>DISPOSAL</u>	
Total proppant used (lbs): <u>14393620</u>	Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/>	
Reason why green completion not utilized: _____		

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: <u>01/17/2018</u>	Hours: <u>24</u>	Bbl oil: <u>493</u>	Mcf Gas: <u>237</u>	Bbl H2O: <u>909</u>
Calculated 24 hour rate:	Bbl oil: <u>493</u>	Mcf Gas: <u>237</u>	Bbl H2O: <u>909</u>	GOR: <u>0</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>25</u>	Tubing PSI: <u>782</u>	Choke Size: _____	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	Btu Gas: <u>1342</u>	API Gravity Oil: <u>37</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>6495</u>	Tbg setting date: <u>12/29/2017</u>	Packer Depth: <u>6499</u>	
Reason for Non-Production: _____				
Date formation Abandoned: _____	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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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Total: 0 comment(s)