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|---|--|--|---|----|----|----|----|
| <b>FORM 5A</b><br>Rev 06/12   | <b>State of Colorado</b><br><b>Oil and Gas Conservation Commission</b><br>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  |    |    |    |    |
| <b>COMPLETED INTERVAL REPORT</b>  |  |  | Document Number:<br>401976323<br><br>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><br>2. Name of Operator: <u>NOBLE ENERGY INC</u><br>3. Address: <u>1001 NOBLE ENERGY WAY</u><br>City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77070</u> | 4. Contact Name: <u>Craig Richardson</u><br>Phone: <u>(303) 228-4232</u><br>Fax: _____<br>Email: <u>Denverregulatory@nblenergy.com</u> |
|---|--|

|  |   |
|--|---|
| 5. API Number <u>05-123-10835-00</u><br>7. Well Name: <u>REISTAD</u><br>8. Location: QtrQtr: <u>SESE</u> Section: <u>5</u> Township: <u>4N</u> Range: <u>64W</u> Meridian: <u>6</u><br>9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u> | 6. County: <u>WELD</u><br>Well Number: <u>1</u> |
|--|---|

**Completed Interval**

|  |  |  |
|--|--|--|
| FORMATION: <u>CODELL</u>   | Status: <u>COMMINGLED</u>  | Treatment Type: _____                                      |
| Treatment Date: _____  | End Date: _____  | Date of First Production this formation: <u>12/01/2004</u> |
| Perforations Top: <u>6943</u>  | Bottom: <u>6957</u>  | No. Holes: <u>73</u> Hole size: _____                      |
| Provide a brief summary of the formation treatment:  |  | Open Hole: <input type="checkbox"/>                        |
| <u>6/23/2009: Codell Refrac 6943' - 6957', 0.43 diameter, with 3,061 bbls slurry, 247,060 lbs 20/40</u>                  |  |  |
| This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |  |
| Total fluid used in treatment (bbl): <u>3061</u>   | Max pressure during treatment (psi): <u>5408</u>                             |  |
| 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): <u>247060</u>   | Rule 805 green completion techniques were utilized: <input type="checkbox"/> |  |
| 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: <span style="border: 1px solid black; display: inline-block; width: 600px; height: 15px;"></span> |   |  |                        |                |
| 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. |                        |                |

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type: \_\_\_\_\_

Treatment Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Date of First Production this formation: 12/01/2004

Perforations Top: 6662 Bottom: 6957 No. Holes: 337 Hole size: \_\_\_\_\_

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

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: \_\_\_\_\_ 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: NIOBRARA Status: COMMINGLED Treatment Type: \_\_\_\_\_

Treatment Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Date of First Production this formation: 12/01/2004

Perforations Top: 6662 Bottom: 6832 No. Holes: 264 Hole size: 0.42

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

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: \_\_\_\_\_ 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.

Comment: \_\_\_\_\_

Form 5A submitted to report Codell refrac from 2009

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

Signed: \_\_\_\_\_ Print Name: Julie Webb

Title: Sr. Regulatory Analyst Date: \_\_\_\_\_ Email: julie.webb@nblenergy.com

**Attachment Check List**

| Att Doc Num | Name               |
|-------------|--------------------|
| 401976392   | OPERATIONS SUMMARY |
| 401976395   | OPERATIONS SUMMARY |

Total Attach: 2 Files

**General Comments**

| User Group | Comment | Comment Date        |
|------------|---------|---------------------|
|            |         | Stamp Upon Approval |

Total: 0 comment(s)