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| 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: 401989580 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. | | | | | | | |

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| 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>Craig Richardson</u> Phone: <u>(303) 228-4232</u> Fax: _____ Email: <u>Denverregulatory@nblenergy.com</u> |
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| 5. API Number <u>05-123-12604-00</u> 7. Well Name: <u>SMITH</u> 8. Location: QtrQtr: <u>NENW</u> Section: <u>9</u> Township: <u>4N</u> 9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u> | 6. County: <u>WELD</u> Well Number: <u>2</u> Range: <u>64W</u> Meridian: <u>6</u> |
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Completed Interval

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| FORMATION: <u>GREENHORN</u> | Status: <u>TEMPORARILY ABANDONED</u> | Treatment Type: _____ |
| Treatment Date: _____ | End Date: _____ | Date of First Production this formation: _____ |
| Perforations Top: <u>6986</u> | Bottom: <u>6997</u> | No. Holes: <u>5</u> Hole size: <u>0.53</u> |
| Provide a brief summary of the formation treatment: | Open Hole: <input type="checkbox"/> | |
| This formation is commingled with another formation: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <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: 11/14/1985: Permanent Bridge Plug set at 6980'

Date formation Abandoned: 11/14/1985 Squeeze: Yes No If yes, number of sacks cmt _____

** Bridge Plug Depth: 6980 ** Sacks cement on top: _____ ** Wireline and Cement Job Summary must be attached.

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: 12/17/1985

Perforations Top: 6720 Bottom: 6919 No. Holes: 168 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.

Comment:

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 |
|-------------|--------------------|
| 401989658 | OPERATIONS SUMMARY |

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)