

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, 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: 1625 BROADWAY STE 2200 City: DENVER State: CO Zip: 80202 4. Contact Name: Liz Lindow Phone: (303) 228-4342 Fax: (303) 228-4286

5. API Number 05-125-12022-00 6. County: YUMA 7. Well Name: Unger Well Number: 24-11 8. Location: QtrQtr: SESW Section: 11 Township: 1N Range: 46W Meridian: 6 9. Field Name: Field Code:

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type:

Treatment Date: 11/21/2011 End Date: Date of First Production this formation: 12/12/2011

Perforations Top: 2460 Bottom: 2500 No. Holes: 120 Hole size:

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

29572 gal MAV-100; 50060 lbs Texas Gold proppant; 50020 Daniels sand proppant

This formation is commingled with another formation: [] Yes [X] 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: Number of staged intervals:

Total acid used in treatment (bbl): Max frac gradient (psi/ft):

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: 12/12/2011 Hours: 24 Bbl oil: 0 Mcf Gas: 74 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 74 Bbl H2O: 0 GOR:

Test Method: Flowing Casing PSI: 462 Tubing PSI: 0 Choke Size:

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1000 API Gravity Oil: 0

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:

Comment:

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

Signed: _____ Print Name: Liz Lindow

Title: Regulatory Analyst Date: 3/27/2012 Email: llindow@nobleenergyinc.com
:

Attachment Check List

Att Doc Num	Name
400265007	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Logs rcd 5/9/2012	6/4/2012 11:33:44 AM
Permit	Email to opr re paper triple combo log. 4/30/2012 NKP	4/30/2012 4:32:41 PM

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