

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



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Document Number:

400271557

Date Received:

04/12/2012

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: Andrea Rawson
Phone: (303) 228-4253
Fax: (303) 228-4286

5. API Number 05-123-32570-00
6. County: WELD
7. Well Name: FIVE RIVERS USX K
Well Number: 09-01D
8. Location: QtrQtr: SWSW Section: 3 Township: 4N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIORRARA-CODELL Status: PRODUCING Treatment Type: _____
Treatment Date: 08/22/2011 End Date: _____ Date of First Production this formation: 09/16/2011
Perforations Top: 7206 Bottom: 7524 No. Holes: 108 Hole size: _____
Provide a brief summary of the formation treatment: _____ Open Hole:

Niobrara perms 7206-7322 (48 holes), Codell perms 7509-7524 (60 holes).
Frac'd Niobrara and Codell with 290,940 gals of Slick water, Silverstim and 15% HCl with 497,500#'s of Ottawa sand.
Commingled Codell and Niobrara.
Codell producing through composite flow plug.

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: _____ 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: 09/23/2011 Hours: 24 Bbl oil: 40 Mcf Gas: 686 Bbl H2O: 16
Calculated 24 hour rate: Bbl oil: 40 Mcf Gas: 686 Bbl H2O: 16 GOR: 17150
Test Method: Flowing Casing PSI: 1640 Tubing PSI: 0 Choke Size: 10
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1195 API Gravity Oil: 61
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: Andrea Rawson
Title: Regulatory Specialist Date: 4/12/2012 Email: arawson@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400271557	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)