

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type: _____
Treatment Date: 12/19/2011 End Date: _____ Date of First Production this formation: 01/09/2012
Perforations Top: 7072 Bottom: 7351 No. Holes: 84 Hole size: 0
Provide a brief summary of the formation treatment: Open Hole:

Frac'd the Niobrara-Codell w/ 269622 gals of Silverstim and Slick Water with 494,580#'s of Ottawa sand.
The Codell is producing through a Composite Flow Through Plug.
Commingle the Niobrara and Codell.

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: 01/20/2012 Hours: 24 Bbl oil: 27 Mcf Gas: 12 Bbl H2O: 10
Calculated 24 hour rate: Bbl oil: 27 Mcf Gas: 12 Bbl H2O: 10 GOR: 444
Test Method: FLOWING Casing PSI: 460 Tubing PSI: 0 Choke Size: 022/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1255 API Gravity Oil: 41
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: Eileen Roberts
Title: Regulatory Specialist Date: 4/4/2012 Email: eroberts@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400268128	FORM 5A SUBMITTED

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General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)