

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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Date Received:

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 4. Contact Name: JEAN MUSE-REYNOLDS
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4316
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
City: DENVER State: CO Zip: 80202

5. API Number 05-123-33397-00 6. County: WELD
7. Well Name: ULRICH PC I Well Number: 17-08
8. Location: QtrQtr: SENE Section: 17 Township: 6N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 03/01/2012 End Date: 03/01/2012 Date of First Production this formation: 03/03/2012
Perforations Top: 7198 Bottom: 7214 No. Holes: 64 Hole size: 0.4

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

The Codell is producing through a composite flow through plug.

This formation is commingled with another formation: [X] Yes [] No

Total fluid used in treatment (bbl): 3014 Max pressure during treatment (psi): 4678
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):
Type of gas used in treatment: Number of staged intervals: 7
Total acid used in treatment (bbl): Max frac gradient (psi/ft): 0.09
Recycled water used in treatment (bbl): Flowback volume recovered (bbl):
Fresh water used in treatment (bbl): Disposition method for flowback:
Total proppant used (lbs): 209773 Rule 805 green completion techniques were utilized: [X]

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: 2 + 3/8 Tubing Setting Depth: 7178 Tbg setting date: 03/13/2012 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:

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 03/01/2012 End Date: 03/01/2012 Date of First Production this formation: 03/02/2012
Perforations Top: 6888 Bottom: 7214 No. Holes: 112 Hole size: 0.4

Provide a brief summary of the formation treatment: _____ Open Hole:

The Codell is producing through a composite flow through 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: 03/09/2012 Hours: 24 Bbl oil: 62 Mcf Gas: 105 Bbl H2O: 24

Calculated 24 hour rate: Bbl oil: 62 Mcf Gas: 105 Bbl H2O: 24 GOR: 1694

Test Method: FLOWING Casing PSI: 500 Tubing PSI: 0 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1295 API Gravity Oil: 46

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7178 Tbg setting date: 03/13/2012 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: _____

FORMATION: NIOBRARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 03/01/2012 End Date: 03/01/2012 Date of First Production this formation: 03/03/2012
Perforations Top: 6888 Bottom: 7034 No. Holes: 48 Hole size: 0.69

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

The Codell is producing through a composite flow through plug.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 3925 Max pressure during treatment (psi): 4505

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment: Number of staged intervals: 7

Total acid used in treatment (bbl): Max frac gradient (psi/ft): 0.95

Recycled water used in treatment (bbl): Flowback volume recovered (bbl):

Fresh water used in treatment (bbl): Disposition method for flowback:

Total proppant used (lbs): 212557 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: 2 + 3/8 Tubing Setting Depth: 7178 Tbg setting date: 03/13/2012 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: JEAN MUSE-REYNOLDS
Title: REGULATORY COMPLIANCE Date: Email: jmuse@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)