

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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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, reoperation 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 05-123-27307-00 6. County: WELD 7. Well Name: GEHRING C Well Number: 8-10X 8. Location: QtrQtr: NWSE Section: 8 Township: 4N Range: 64W Meridian: 6 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

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

Treatment Date: 01/04/2012 End Date: 01/04/2012 Date of First Production this formation: 11/11/2006

Perforations Top: 7005 Bottom: 7020 No. Holes: 60 Hole size:

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

Re-Frac'd Codell w/ 140208 gals of Slick Water and Vistar with 240403#'s of Ottawa sand. No perms done to Niobrara formation.

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

Total fluid used in treatment (bbl): 3338 Max pressure during treatment (psi): 5121

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

Type of gas used in treatment: Number of staged intervals: 6

Total acid used in treatment (bbl): Max frac gradient (psi/ft): 0.77

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

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

Total proppant used (lbs): 240403 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: 02/03/2012 Hours: 24 Bbl oil: 2 Mcf Gas: 20 Bbl H2O: 7

Calculated 24 hour rate: Bbl oil: 2 Mcf Gas: 20 Bbl H2O: 7 GOR: 10000

Test Method: Flowing Casing PSI: 450 Tubing PSI: 400 Choke Size: 32

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1210 API Gravity Oil: 58

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6995 Tbg setting date: 01/11/2012 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: Andrea Rawson

Title: Regulatory Specialist Date: _____ Email arawson@nobleenergyinc.com
:

Attachment Check List

Att Doc Num	Name
400298077	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)