

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 05-123-34451-00
6. County: WELD
7. Well Name: SCHNEIDER USX II
Well Number: 31-13D
8. Location: QtrQtr: SESW Section: 31 Township: 7N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type:

Treatment Date: 01/13/2011 End Date: Date of First Production this formation: 01/20/2012

Perforations Top: 7240 Bottom: 7565 No. Holes: 112 Hole size: 0

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

265680 gals silverstim/slickwater; 495796 lbs Ottawa proppant

This formation is commingled with another formation: [X] 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: Max frac gradient (psi/ft):

Total acid used in treatment (bbl): Number of staged intervals:

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: 01/27/2012 Hours: 24 Bbl oil: 22 Mcf Gas: 2 Bbl H2O: 5

Calculated 24 hour rate: Bbl oil: 22 Mcf Gas: 2 Bbl H2O: 5 GOR: 90

Test Method: Flowing Casing PSI: 690 Tubing PSI: 0 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1345 API Gravity Oil: 50

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7530 Tbg setting date: 02/28/2012 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: ** Wireline and Cement Job Summary must be attached.

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: 4/26/2012 Email: llindow@nobleenergyinc.com
:

Attachment Check List

Att Doc Num	Name
400267963	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

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