

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:

400310562

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
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 05-123-23768-00
6. County: WELD
7. Well Name: MOEN J
Well Number: 8-9
8. Location: QtrQtr: NESE Section: 8 Township: 5N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/07/2012 End Date: 05/07/2012 Date of First Production this formation: 01/26/2008

Perforations Top: 7274 Bottom: 7292 No. Holes: 72 Hole size: 0.42

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

Re-Frac'd Codell w/ 170272 gals of Slick Water, Vistar, and 15% HCl with 236878#'s of Ottawa sand.

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 4054 Max pressure during treatment (psi): 3849

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment: Max frac gradient (psi/ft): 0.74

Total acid used in treatment (bbl): Number of staged intervals: 8

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): 236878 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: 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: ** Wireline and Cement Job Summary must be attached.

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|--|---|--|--|--|--|
| FORMATION: NIOBRARA-CODELL | | Status: PRODUCING | | Treatment Type: _____ | |
| Treatment Date: 05/07/2012 | | End Date: 05/07/2012 | | Date of First Production this formation: _____ | |
| Perforations | Top: 6966 | Bottom: 7292 | No. Holes: 120 | Hole size: _____ | |
| Provide a brief summary of the formation treatment: | | | Open Hole: <input type="checkbox"/> | | |
| This formation is commingled with another formation: | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> | | |
| Reason why green completion not utilized: _____ | | | | | |
| Fracture stimulations must be reported on FracFocus.org | | | | | |
| <u>Test Information:</u> | | | | | |
| Date: 05/18/2012 | Hours: 24 | Bbl oil: 11 | Mcf Gas: 65 | Bbl H2O: 1 | |
| Calculated 24 hour rate: | Bbl oil: 11 | Mcf Gas: 65 | Bbl H2O: 1 | GOR: 5909 | |
| Test Method: Flowing | Casing PSI: 875 | Tubing PSI: _____ | Choke Size: 15 | | |
| Gas Disposition: SOLD | Gas Type: WET | Btu Gas: 1264 | API Gravity Oil: 58 | | |
| Tubing Size: _____ | Tubing Setting Depth: _____ | Tbg setting date: _____ | Packer Depth: _____ | | |
| Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | | | |
| Date formation Abandoned: _____ | Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, number of sacks cmt _____ | | | |
| ** Bridge Plug Depth: _____ | ** Sacks cement on top: _____ | ** Wireline and Cement Job Summary must be attached. | | | |

FORMATION: NIOBRARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION
Treatment Date: 05/07/2012 End Date: 05/07/2012 Date of First Production this formation: 05/09/2012
Perforations Top: 6966 Bottom: 7104 No. Holes: 48 Hole size: 0.72

Provide a brief summary of the formation treatment:

Open Hole: ☐

Frac'd Niobrara w/ 164862 gals of Slick Water and Vistar with 249706#'s of Ottawa sand.

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 3925

Max pressure during treatment (psi): 4658

Total gas used in treatment (mcf): 0

Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment:

Max frac gradient (psi/ft): 0.94

Total acid used in treatment (bbl):

Number of staged intervals: 7

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): 249706

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: 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: ** 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: Andrea Rawson
Title: Regulatory Specialist Date: Email: arawson@nobleenergyinc.com

Attachment Check List

| Att Doc Num | Name |
|-------------|------------------|
| 400310585 | WELLBORE DIAGRAM |

Total Attach: 1 Files

General Comments

| User Group | Comment | Comment Date |
|------------|---------|--------------|
| | | |

Total: 0 comment(s)