

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with 4 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, 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: Eileen Roberts
Phone: (303) 2284330
Fax: (303) 2284286

5. API Number 05-123-32648-00
6. County: WELD
7. Well Name: FEIT E
Well Number: 23-99HZ
8. Location: QtrQtr: NWNW Section: 23 Township: 6N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type:
Treatment Date: 04/12/2011 End Date: Date of First Production this formation: 04/17/2011
Perforations Top: 7387 Bottom: 10489 No. Holes: 0 Hole size: 0

Provide a brief summary of the formation treatment:

Open Hole: []

Frac'd the Niobrara w/ 2855786.70 gals of Silverstim and Slick Water with 3,656,890.2#'s of Ottawa sand.

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

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

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 04/19/2011 Hours: 24 Bbl oil: 434 Mcf Gas: 980 Bbl H2O: 1056
Calculated 24 hour rate: Bbl oil: 434 Mcf Gas: 980 Bbl H2O: 1056 GOR: 2258
Test Method: FLOWING Casing PSI: 2104 Tubing PSI: 1500 Choke Size: 020/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1314 API Gravity Oil: 53
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: Eileen Roberts

Title: Regulatory Specialist Date: 5/23/2012 Email: eroberts@nobleenergyinc.com
:

Attachment Check List

Att Doc Num	Name
400287745	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

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