

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 2. Name of Operator: NOBLE ENERGY INC 3. Address: 1625 BROADWAY STE 2200 City: DENVER State: CO Zip: 80202 4. Contact Name: Sarah Finnegan Phone: (720) 587-2265 Fax: (303) 228-4286

5. API Number 05-123-16963-00 6. County: WELD 7. Well Name: PARKER RED D Well Number: 23-5 8. Location: QtrQtr: SWNW Section: 23 Township: 3N Range: 64W Meridian: 6 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/23/2006 End Date: 06/07/2006 Date of First Production this formation: 06/19/2006

Perforations Top: 6991 Bottom: 7003 No. Holes: 48 Hole size:

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

Pumped 246,340 lbs of Ottawa Proppant and 129,444 gallons of Vistar. Commingle the Niobrara and Codell.

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

Total fluid used in treatment (bbl): 3082 Max pressure during treatment (psi): 7485

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.34

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

Total acid used in treatment (bbl): Number of staged intervals: 1

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): 246340 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: 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.

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

Treatment Date: 05/23/2006 End Date: 06/28/2012 Date of First Production this formation: 08/03/2012

Perforations Top: 6766 Bottom: 7003 No. Holes: 144 Hole size: \_\_\_\_\_

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

Niobrara Perfs: 6766-6876  
Codell Perfs: 6991-7003

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: \_\_\_\_\_ 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: 08/14/2012 Hours: 24 Bbl oil: 24 Mcf Gas: 71 Bbl H2O: 2

Calculated 24 hour rate: Bbl oil: 24 Mcf Gas: 71 Bbl H2O: 2 GOR: 2958

Test Method: Flowing Casing PSI: 1000 Tubing PSI: 550 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1217 API Gravity Oil: 49

Tubing Size: 2 + 1/16 Tubing Setting Depth: 6945 Tbg setting date: 08/03/2012 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.

FORMATION: NIOBRARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 06/13/2012 End Date: 06/28/2012 Date of First Production this formation: 08/03/2012  
Perforations Top: 6766 Bottom: 6876 No. Holes: 96 Hole size: 0.27

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

Pumped 251,442 lbs of Ottawa Proppant and 146,998 gallons of 15% HCL, Slick Water, and Vistar. Commingle the Niobrara and Codell.

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 3500 Max pressure during treatment (psi): 7511

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment: Max frac gradient (psi/ft): 0.90

Total acid used in treatment (bbl): Number of staged intervals: 9

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): 251442 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: Sarah Finnegan

Title: Regulatory Analyst Date: Email: sfinnegan@nobleenergyinc.com

**Attachment Check List**

Att Doc Num	Name

Total Attach: 0 Files

**General Comments**

**User Group Comment Comment Date**

User Group	Comment	Comment Date

Total: 0 comment(s)