

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 05-123-33908-00
6. County: WELD
7. Well Name: Kerbs USX
Well Number: A15-12D
8. Location: QtrQtr: SENW Section: 15 Township: 6N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 09/28/2011 End Date: 10/19/2011 Date of First Production this formation: 10/21/2011

Perforations Top: 7609 Bottom: 7621 No. Holes: 48 Hole size: 0.41

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

Pumped 238,792 lbs of Ottawa Proppant and 117,038 gallons of 15% HCL, Slick Water, and Silverstim. Commingle the Niobrara and Codell.

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

Total fluid used in treatment (bbl): 2787 Max pressure during treatment (psi): 4361

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): 0.87

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): 238792 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: 09/28/2011 End Date: 10/19/2011 Date of First Production this formation: 10/21/2011
Perforations Top: 7438 Bottom: 7621 No. Holes: 96 Hole size: _____

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

Niobrara Perfs: 7438-7532
Codell Perfs: 7609-7621

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: 10/28/2011 Hours: 24 Bbl oil: 55 Mcf Gas: 184 Bbl H2O: 19
Calculated 24 hour rate: Bbl oil: 55 Mcf Gas: 184 Bbl H2O: 19 GOR: 3345
Test Method: Flowing Casing PSI: 570 Tubing PSI: 0 Choke Size: 14/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1284 API Gravity Oil: 49
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7592 Tbg setting date: 12/09/2011 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: 10/19/2011 End Date: 10/19/2011 Date of First Production this formation: 10/21/2011
Perforations Top: 7438 Bottom: 7532 No. Holes: 48 Hole size: 0.69

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

Pumped 250,096 lbs of Ottawa Proppant and 154,711 gallons of Slick Water and Silverstim. Commingle the Niobrara and Codell.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 3684 Max pressure during treatment (psi): 4799

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): 0.89

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): 250096 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: Sarah Finnegan 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

Total: 0 comment(s)