

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 4. Contact Name: JEAN MUSE-REYNOLDS
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4316
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
City: DENVER State: CO Zip: 80202

5. API Number 05-123-31915-00 6. County: WELD
7. Well Name: BECCA Well Number: D03-24
8. Location: QtrQtr: SESW Section: 3 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: 03/14/2012 End Date: 03/14/2012 Date of First Production this formation: 03/15/2012

Perforations Top: 6882 Bottom: 6896 No. Holes: 56 Hole size: 0.4

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

The Codell is producing through a composite flow through plug.

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

Total fluid used in treatment (bbl): 3140 Max pressure during treatment (psi): 3979
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.34
Type of gas used in treatment: Min frac gradient (psi/ft): 0.92
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): 256183 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: 2 + 3/8 Tubing Setting Depth: 6866 Tbg setting date: 05/22/2012 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-CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 03/14/2012 End Date: 03/14/2012 Date of First Production this formation: 03/15/2012
Perforations Top: 6683 Bottom: 6896 No. Holes: 104 Hole size: 0.4

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

The Codell is producing through a composite flow through plug.

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: _____ Min 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: 03/23/2012 Hours: 24 Bbl oil: 56 Mcf Gas: 205 Bbl H2O: 28
Calculated 24 hour rate: Bbl oil: 56 Mcf Gas: 205 Bbl H2O: 28 GOR: 3661
Test Method: FLOWING Casing PSI: 875 Tubing PSI: 0 Choke Size: 10/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1315 API Gravity Oil: 51
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6866 Tbg setting date: 05/22/2012 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: 03/14/2012 End Date: 03/14/2012 Date of First Production this formation: 03/15/2012
 Perforations Top: 6683 Bottom: 6771 No. Holes: 48 Hole size: 0.71

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

The Codell is producing through a composite flow through plug.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 3928 Max pressure during treatment (psi): 4660

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

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.97

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): 250613 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: 2 + 3/8 Tubing Setting Depth: 6866 Tbg setting date: 05/22/2012 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: JEAN MUSE-REYNOLDS
 Title: REGULATORY COMPLIANCE Date: 7/2/2012 Email: jmuse@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400298184	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
Permit	Formation tops sent in.	10/4/2012 8:49:46 AM
Permit	No formation tops supplied on form 5. Requested.	7/12/2012 12:50:50 PM

Total: 2 comment(s)