

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: 400304531

Date Received: 07/11/2012

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: Andrea Rawson
 2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4253
 3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-10995-00 6. County: WELD
 7. Well Name: FRANKLIN Well Number: 28-1
 8. Location: QtrQtr: SESE Section: 28 Township: 5N Range: 65W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 03/25/2012 End Date: 03/25/2012 Date of First Production this formation: 03/14/1983

Perforations Top: 7020 Bottom: 7037 No. Holes: 64 Hole size: 0.41

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

Re-Frac'd Codell w/ 138507 gals of Slick Water and Vistar with 230176#'s of Ottawa sand.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 3298 Max pressure during treatment (psi): 6680

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

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.79

Total acid used in treatment (bbl): _____ Number of staged intervals: 6

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): 230176 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 05/22/2012 Hours: 24 Bbl oil: 9 Mcf Gas: 161 Bbl H2O: 6

Calculated 24 hour rate: Bbl oil: 9 Mcf Gas: 161 Bbl H2O: 6 GOR: 17889

Test Method: Flowing Casing PSI: 515 Tubing PSI: 475 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1266 API Gravity Oil: 63

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7004 Tbg setting date: 03/27/2012 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: Andrea Rawson

Title: Regulatory Specialist Date: 7/11/2012 Email arawson@nobleenergyinc.com

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Attachment Check List

Att Doc Num	Name
400304531	FORM 5A SUBMITTED
400304533	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group **Comment** **Comment Date**

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

Total: 0 comment(s)