

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

5. API Number 05-123-23328-00
6. County: WELD
7. Well Name: LEFFLER 1
Well Number: 21-2
8. Location: QtrQtr: NWNE Section: 21 Township: 6N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 02/15/2012 End Date: 02/15/2012 Date of First Production this formation: 12/19/2005

Perforations Top: 7178 Bottom: 7194 No. Holes: 64 Hole size: 0.42

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

Re-Frac'd codell w/ 142867 gals of Slick Water, Vistar, and 15% HCl with 241744#'s of Ottawa sand.

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

Total fluid used in treatment (bbl): 3402 Max pressure during treatment (psi): 3777

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment: Min frac gradient (psi/ft): 0.76

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): 241744 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: NIOBRARA-CODELL Status: PRODUCING Treatment Type: _____

Treatment Date: 02/18/2012 End Date: 02/15/2012 Date of First Production this formation: _____

Perforations Top: 6900 Bottom: 7194 No. Holes: 112 Hole size: _____

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

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: 03/09/2012 Hours: 24 Bbl oil: 12 Mcf Gas: 70 Bbl H2O: 2

Calculated 24 hour rate: Bbl oil: 12 Mcf Gas: 70 Bbl H2O: 2 GOR: 5833

Test Method: Flowing Casing PSI: 500 Tubing PSI: 400 Choke Size: 48/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1224 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7168 Tbg setting date: 02/02/2012 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: 02/15/2012 End Date: 02/15/2012 Date of First Production this formation: 03/01/2012
Perforations Top: 6900 Bottom: 7036 No. Holes: 48 Hole size: 0.71

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

Frac'd Niobrara w/ 168487 gals of Slick Water and Vistar with 231628#'s of Ottawa sand.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 4012 Max pressure during treatment (psi): 4689

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.99

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): 231628 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: Andrea Rawson
Title: Regulatory Specialist Date: 8/15/2012 Email: arawson@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400316112	FORM 5A SUBMITTED
400316116	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date
Permit	OK per Jane.	11/7/2012 10:04:40 AM
Permit	On hold. Codell perms (7178) are above the top of the Codell (7180). Requested sundry to correct.	10/30/2012 10:51:04 AM

Total: 2 comment(s)