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: 400351974

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: JEAN MUSE-REYNOLDS
Phone: (303) 228-4316
Fax: (303) 228-4286

5. API Number 05-123-35274-00
6. County: WELD
7. Well Name: ULRICH PC
Well Number: G21-28D
8. Location: QtrQtr: SWNE Section: 21 Township: 4N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 09/24/2012 End Date: 09/24/2012 Date of First Production this formation: 09/27/2012

Perforations Top: 7592 Bottom: 7606 No. Holes: 56 Hole size: 0.4

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

CODELL IS PRODUCING THROUGH COMPOSITE FLOW-THROUGH PLUG

PUMPED 248444# OTTAWA SAND DOWNHOLE in 125313gals of 15% HCL/Clearstar/GELLED/SLICK/RECYCLED/FRESH WATER

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 2984 Max pressure during treatment (psi): 5938

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment: Min frac gradient (psi/ft): 0.72

Total acid used in treatment (bbl): 12 Number of staged intervals: 7

Recycled water used in treatment (bbl): 257 Flowback volume recovered (bbl):

Fresh water used in treatment (bbl): 2715 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 248444 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.

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type:

Treatment Date: End Date: Date of First Production this formation: 09/26/2012

Perforations Top: 7300 Bottom: 7606 No. Holes: 104 Hole size: 0.4

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

CODELL IS PRODUCING THROUGH 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: Hours: 2 Bbl oil: 0 Mcf Gas: 75 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 75 Bbl H2O: 0 GOR:

Test Method: FLOWING Casing PSI: 250 Tubing PSI: 0 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1283 API Gravity Oil: 0

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 Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 09/24/2012 End Date: 09/24/2012 Date of First Production this formation: 09/26/2012

Perforations Top: 7300 Bottom: 7408 No. Holes: 48 Hole size: 0.73

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

CODELL IS PRODUCING THROUGH COMPOSITE FLOW-THROUGH PLUG

PUMPED 252872# OTTAWA SAND DOWNHOLE in 163637gals of Clearstar/GELLED/SLICK/RECYCLED/FRESH WATER

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 3896 Max pressure during treatment (psi): 6369

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment: Min frac gradient (psi/ft): 0.93

Total acid used in treatment (bbl): 0 Number of staged intervals: 7

Recycled water used in treatment (bbl): 273 Flowback volume recovered (bbl):

Fresh water used in treatment (bbl): 3623 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 163637 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:

CODELL IS PRODUCING THROUGH COMPOSITE FLOW-THROUGH PLUG

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: Email: jmuse@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)