

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:
400377921

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02/05/2013

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: <u>100322</u>	4. Contact Name: <u>Eileen Roberts</u>
2. Name of Operator: <u>NOBLE ENERGY INC</u>	Phone: <u>(303) 2284330</u>
3. Address: <u>1625 BROADWAY STE 2200</u>	Fax: <u>(303) 2284286</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

5. API Number <u>05-123-33225-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>Wells Ranch</u>	Well Number: <u>AE05-12</u>
8. Location: QtrQtr: <u>NWSW</u> Section: <u>5</u> Township: <u>6N</u> Range: <u>62W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: CODELL Status: SHUT IN Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/31/2011 End Date: 05/31/2011 Date of First Production this formation: _____
Perforations Top: 6916 Bottom: 6922 No. Holes: 24 Hole size: 0.41

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

Frac'd the Codell w/ 96877 gals of Silverstim and Slick Water with 199,520#s of Ottawa sand.

Commingled the Niobrara and Codell.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 202865 Max pressure during treatment (psi): 4680

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): 0.81

Total acid used in treatment (bbl): 15 Number of staged intervals: 7

Recycled water used in treatment (bbl): 105987 Flowback volume recovered (bbl): 202864

Fresh water used in treatment (bbl): 96877 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 200119 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: NIORARA-CODELL Status: SHUT IN Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/31/2011 End Date: 05/31/2011 Date of First Production this formation: _____

Perforations Top: 6645 Bottom: 6922 No. Holes: 72 Hole size: _____

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

Comingle the Niobrara and Codell.

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: _____ 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 Status: SHUT IN Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/31/2011 End Date: 05/31/2011 Date of First Production this formation:
Perforations Top: 6645 Bottom: 6766 No. Holes: 48 Hole size: 0.73

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

Frac'd the Niobrara w/ 152398 gals of Silverstim and Slick Water with 246,240#'s of Ottawa sand.
Commingled the Niobrara and Codell.

This formation is commingled with another formation: [X] Yes [] No
Total fluid used in treatment (bbl): 316092 Max pressure during treatment (psi): 4251
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): 0.88
Total acid used in treatment (bbl): 0 Number of staged intervals: 7
Recycled water used in treatment (bbl): 163693 Flowback volume recovered (bbl): 316091
Fresh water used in treatment (bbl): 152398 Disposition method for flowback: RECYCLE
Total proppant used (lbs): 247088 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.

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.
Signed: Print Name: Eileen Roberts
Title: Regulatory Specialist Date: 2/5/2013 Email: eroberts@nobleenergyinc.com

Attachment Check List

Table with 2 columns: Att Doc Num, Name. Row 1: 400377921, FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

Table with 3 columns: User Group, Comment, Comment Date

Total: 0 comment(s)