

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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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: Liz Lindow
Phone: (303) 228-4342
Fax: (303) 228-4286

5. API Number 05-123-34975-00
6. County: WELD
7. Well Name: RAMIREZ AC
Well Number: 29-72HN
8. Location: QtrQtr: NENE Section: 29 Township: 7N Range: 63W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/21/2012 End Date: 05/21/2012 Date of First Production this formation: 06/07/2012

Perforations Top: 7352 Bottom: 11183 No. Holes: 0 Hole size: 0

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

2533272 gal vistar and slick water; 3494199.92 lb Ottawa proppant; 388747.76 lb Super LC proppant

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

Total fluid used in treatment (bbl): 60316 Max pressure during treatment (psi): 6585
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): 0.00
Total acid used in treatment (bbl): 0 Number of staged intervals: 231
Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 5482
Fresh water used in treatment (bbl): 54834 Disposition method for flowback: RECYCLE
Total proppant used (lbs): 3882948 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: 06/15/2012 Hours: 24 Bbl oil: 195 Mcf Gas: 159 Bbl H2O: 452
Calculated 24 hour rate: Bbl oil: 195 Mcf Gas: 159 Bbl H2O: 452 GOR: 815
Test Method: Flowing Casing PSI: 0 Tubing PSI: 200 Choke Size: 26/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1000 API Gravity Oil: 38
Tubing Size: 6 Tubing Setting Depth: 7128 Tbg setting date: 06/02/2012 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.

Comment:

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I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Liz Lindow

Title: Regulatory Analyst Date: _____ Email: llindow@nobleenergyinc.com
:

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)