

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: Eileen Roberts Phone: (303) 2284330 Fax: (303) 2284286

5. API Number 05-123-34344-00 6. County: WELD 7. Well Name: KRIER GV Well Number: 25-62HN 8. Location: QtrQtr: SWSW Section: 25 Township: 9N Range: 61W Meridian: 6 9. Field Name: DJ HORIZONTAL NIOBRARA Field Code: 16950

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/07/2011 End Date: 12/07/2011 Date of First Production this formation: 12/20/2011 Perforations Top: 7005 Bottom: 9991 No. Holes: 0 Hole size: 0

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

Frac'd the Niobrara w/ 1835888 gals of Silverstim and Slick Water with 2,630,660#'s of Ottawa sand.

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

Total fluid used in treatment (bbl): 46637 Max pressure during treatment (psi): Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.43 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: RECYCLE Total proppant used (lbs): 5287927 Rule 805 green completion techniques were utilized: []

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 01/06/2012 Hours: 24 Bbl oil: 399 Mcf Gas: 355 Bbl H2O: 386 Calculated 24 hour rate: Bbl oil: 399 Mcf Gas: 355 Bbl H2O: 386 GOR: 889 Test Method: FLOWING Casing PSI: 180 Tubing PSI: Choke Size: 032/64 Gas Disposition: SOLD Gas Type: WET Btu Gas: 1387 API Gravity Oil: 36 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: 7/24/2012 Email: eroberts@nobleenergyinc.com
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Attachment Check List

Att Doc Num	Name
400308938	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

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