

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 400407590

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: Kathleen Mills Phone: (720) 587-2226 Fax: (303) 228-4286

5. API Number 05-123-35338-00 6. County: WELD 7. Well Name: BOB AA 8. Location: QtrQtr: NWNW Section: 24 Township: 6N Range: 63W Meridian: 6 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 10/22/2012 End Date: 10/22/2012 Date of First Production this formation: 11/14/2012 Perforations Top: 7376 Bottom: 11194 No. Holes: 0 Hole size:

Provide a brief summary of the formation treatment: Open Hole: FRAC'D W/2483433 GAL SILVERSTIM AND SICK WATER, 2557069# OTTAWA SAND AND 249662# SB EXCEL

This formation is commingled with another formation: Total fluid used in treatment (bbl): 59129 Max pressure during treatment (psi): 6747 Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.43 Type of gas used in treatment: Min frac gradient (psi/ft): 0.88 Total acid used in treatment (bbl): Number of staged intervals: 20 Recycled water used in treatment (bbl): 3038 Flowback volume recovered (bbl): 16698 Fresh water used in treatment (bbl): 56091 Disposition method for flowback: RECYCLE Total proppant used (lbs): 2806731 Rule 805 green completion techniques were utilized: Reason why green completion not utilized: PRESSURE

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 11/18/2012 Hours: 24 Bbl oil: 27 Mcf Gas: 32 Bbl H2O: 265 Calculated 24 hour rate: Bbl oil: 27 Mcf Gas: 32 Bbl H2O: 265 GOR: 1185 Test Method: FLOWING Casing PSI: 819 Tubing PSI: 190 Choke Size: 20/64 Gas Disposition: FLARED Gas Type: WET Btu Gas: 0 API Gravity Oil: 41 Tubing Size: 2 + 7/8 Tubing Setting Depth: 6571 Tbg setting date: 03/13/2013 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: Kathleen Mills
Title: Regulatory Analyst Date: _____ Email: kmills@nobleenergyinc.com
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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)