

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:

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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: Kathleen Mills

Phone: (720) 587-2226

Fax: (303) 228-4286

5. API Number 05-123-33677-00

7. Well Name: WELLS RANCH USX AA

8. Location: QtrQtr: NWNW Section: 13 Township: 6N Range: 63W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: 13-67HN

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/07/2012 End Date: 05/19/2012 Date of First Production this formation: 06/04/2012

Perforations Top: 7132 Bottom: 10850 No. Holes: 0 Hole size: _____

Provide a brief summary of the formation treatment:

Open Hole: ☐

5/7/2012: FRAC'D 10029-10850' W/563242 GAL PHASERFRAC AND SLICK WATER, 675922# OTTAWA SAND AND 67910# SB EXCEL. 5/19/2012: FRAC'D 7132-10030' W/2230944 GAL PHASERFRAC, CMHPG FRAC WATER AND SLICK WATER, 2532429# OTTAWA SAND AND 259251# SUPER LC PROPPANT

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

Total fluid used in treatment (bbl): 66528

Max pressure during treatment (psi): 8214

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): 0.77

Total acid used in treatment (bbl): _____

Number of staged intervals: 19

Recycled water used in treatment (bbl): 3857

Flowback volume recovered (bbl): 804

Fresh water used in treatment (bbl): 62671

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 3535512

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 06/08/2012 Hours: 24 Bbl oil: 105 Mcf Gas: 239 Bbl H2O: 481

Calculated 24 hour rate: Bbl oil: 105 Mcf Gas: 239 Bbl H2O: 481 GOR: 2276

Test Method: FLOWING Casing PSI: 10 Tubing PSI: 590 Choke Size: 18/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1448 API Gravity Oil: 41

Tubing Size: 2 + 7/8 Tubing Setting Depth: 6887 Tbg setting date: 05/09/2012 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:

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

Attachment Check List

Att Doc Num	Name
400432788	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)