

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 4. Contact Name: Kathleen Mills
2. Name of Operator: NOBLE ENERGY INC Phone: (720) 587-2226
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
City: DENVER State: CO Zip: 80202

5. API Number 05-123-17239-00 6. County: WELD
7. Well Name: BERRY Well Number: 22-2
8. Location: QtrQtr: NWNE Section: 22 Township: 6N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 06/22/2012 End Date: 06/22/2012 Date of First Production this formation: 09/10/1993

Perforations Top: 7181 Bottom: 7200 No. Holes: 84 Hole size:

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

FRAC'D W/ 144743 GAL VISTAR AND SLICK WATER, 500 GAL 15% HCL, AND 255415# OTTAWA SAND. 6/22/2012 CFTP SET @7141', CDL PROD THROUGH CFTP

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

Total fluid used in treatment (bbl): 3446 Max pressure during treatment (psi): 3888
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.34
Type of gas used in treatment: Min frac gradient (psi/ft): 0.79
Total acid used in treatment (bbl): 12 Number of staged intervals: 1
Recycled water used in treatment (bbl): 276 Flowback volume recovered (bbl): 874
Fresh water used in treatment (bbl): 3170 Disposition method for flowback: RECYCLE
Total proppant used (lbs): 255415 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.

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: 06/26/2012

Perforations Top: 6998 Bottom: 7200 No. Holes: 132 Hole size: _____

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

COMMINGLE NBBR & CDL

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: 06/27/2012 Hours: 24 Bbl oil: 43 Mcf Gas: 71 Bbl H2O: 48

Calculated 24 hour rate: Bbl oil: 43 Mcf Gas: 71 Bbl H2O: 48 GOR: 1651

Test Method: flowing Casing PSI: 250 Tubing PSI: 0 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1367 API Gravity Oil: 52

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: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 06/22/2012 End Date: 06/22/2012 Date of First Production this formation: 06/26/2012
Perforations Top: 6998 Bottom: 7098 No. Holes: 48 Hole size: 0.72

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

PERF'D NIO A 6998-7010, NIO B 7086-7098, FRAC'D W/168178 GAL VISTAR AND SLICK WATER AND 250746# OTTAWA SAND

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 4004 Max pressure during treatment (psi): 4842

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment: Min frac gradient (psi/ft): 0.97

Total acid used in treatment (bbl): Number of staged intervals: 1

Recycled water used in treatment (bbl): 270 Flowback volume recovered (bbl): 980

Fresh water used in treatment (bbl): 3734 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 250746 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.

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
400448530	WIRELINE JOB SUMMARY

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)