

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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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, reoperation 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 05-123-23303-00 6. County: WELD
 7. Well Name: Marolf Well Number: 34-11
 8. Location: QtrQtr: SWSE Section: 11 Township: 2N Range: 64W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 07/18/2012 End Date: 07/18/2012 Date of First Production this formation: 07/21/2012

Perforations Top: 7010 Bottom: 7022 No. Holes: 48 Hole size: 0.42

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

FRAC'D W/124271 GAL VISTAR AND 500 GAL 15% HCL, 245020# OTTAWA SAND

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 2959 Max pressure during treatment (psi): 4704

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): 0.92

Total acid used in treatment (bbl): 12 Number of staged intervals: 7

Recycled water used in treatment (bbl): 255 Flowback volume recovered (bbl): 1357

Fresh water used in treatment (bbl): 2704 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 24520 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.

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 07/18/2012 End Date: 07/18/2012 Date of First Production this formation: 07/21/2012

Perforations Top: 6782 Bottom: 7022 No. Holes: 96 Hole size: _____

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

COMMINGLE NB & 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: 08/17/2012 Hours: 24 Bbl oil: 55 Mcf Gas: 30 Bbl H2O: 7

Calculated 24 hour rate: Bbl oil: 55 Mcf Gas: 30 Bbl H2O: 7 GOR: 545

Test Method: Flowing Casing PSI: 1080 Tubing PSI: 940 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1324 API Gravity Oil: 46

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6989 Tbg setting date: 08/07/2012 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.

FORMATION: NIOBRARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 07/18/2012 End Date: 07/18/2012 Date of First Production this formation: 07/21/2012
Perforations Top: 6782 Bottom: 6888 No. Holes: 48 Hole size: 0.72

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

FRAC'D W/ 162956 GAL VISTAR AND SLICK WATER AND 250120 # OTTAWA SAND

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 3880 Max pressure during treatment (psi): 4764

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): 0.90

Total acid used in treatment (bbl): Number of staged intervals: 7

Recycled water used in treatment (bbl): 260 Flowback volume recovered (bbl): 1357

Fresh water used in treatment (bbl): 3620 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 250120 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: Kathleen Mills Print Name: Kathleen Mills
Title: Regulatory Analyst Date: Email kmills@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)