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, 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 05-123-20811-00
6. County: WELD
7. Well Name: L F RANCH
Well Number: 33-17
8. Location: QtrQtr: NWSE Section: 17 Township: 4N Range: 63W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 08/21/2006 End Date: 08/21/2006 Date of First Production this formation: 08/23/2006

Perforations Top: 6691 Bottom: 6702 No. Holes: 44 Hole size: 0.42

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

FRC'D W/ 127344 GAL VISTAR AND 500 GAL 7.5% HCL, AND 270960# OTTAWA SAND

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

Total fluid used in treatment (bbl): 3032
Max pressure during treatment (psi): 6637
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): 0.91
Total acid used in treatment (bbl): 12
Number of staged intervals: 2
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): 270960
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:

Treatment Date: End Date: Date of First Production this formation: 05/27/2010

Perforations Top: 6432 Bottom: 6702 No. Holes: 92 Hole size:

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

COMMINGLE NB & CD

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: 06/04/2010 Hours: 24 Bbl oil: 15 Mcf Gas: 60 Bbl H2O: 1

Calculated 24 hour rate: Bbl oil: 15 Mcf Gas: 60 Bbl H2O: 1 GOR: 4000

Test Method: FLOWING Casing PSI: 900 Tubing PSI: 700 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1162 API Gravity Oil: 50

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7131 Tbg setting date: 05/26/2010 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: 05/12/2010 End Date: 05/12/2010 Date of First Production this formation: 05/16/2010

Perforations Top: 6432 Bottom: 6518 No. Holes: 48 Hole size: 0.73

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

PERF'D 6432-6444, 6504-6518. FRAC'D W/183477 GAL PHASERFRAC AND SLICK WATER, 1000 GALS 15% HCL, AND 249911# OTTAWA SAND

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

Total fluid used in treatment (bbl): 4369 Max pressure during treatment (psi): 4516

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): 0.91

Total acid used in treatment (bbl): 24 Number of staged intervals: 7

Recycled water used in treatment (bbl): 273 Flowback volume recovered (bbl): 954

Fresh water used in treatment (bbl): 4096 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 249911 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:

UPDATING 2006 CD FRAC INFO W/ %HCL, SOME INFO NOT AVAIL

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

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)