

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 05-123-23334-00 6. County: WELD
7. Well Name: Fabrizius Well Number: 01-28
8. Location: QtrQtr: NENE Section: 28 Township: 11N Range: 61W Meridian: 6
9. Field Name: GROVER Field Code: 33380

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/03/2012 End Date: 05/03/2012 Date of First Production this formation: 05/11/2012
Perforations Top: 7050 Bottom: 7062 No. Holes: 72 Hole size: 0.43

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

FRAC'D W/ 127613 GAL VISTAR AND SLICK WATER, 500 GAL 15% HCL, 11520# SUPER LC AND 234140# OTTAWA SAND

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

Total fluid used in treatment (bbl): 3038 Max pressure during treatment (psi): 3199
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): Number of staged intervals: 9
Recycled water used in treatment (bbl): 265 Flowback volume recovered (bbl): 841
Fresh water used in treatment (bbl): 2773 Disposition method for flowback: RECYCLE
Total proppant used (lbs): 245660 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: J SAND Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 04/19/2012 End Date: 04/19/2012 Date of First Production this formation: 10/15/2006
Perforations Top: 7612 Bottom: 7620 No. Holes: 32 Hole size: 0.41

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

FRAC'D W/84500 GAL VISTAR AND SLICK WATER, 9097# SB EXCEL AND 139097# OTTAWA SAND. 4/5/2012 SET CIPF@7641

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): <u>2012</u>	Max pressure during treatment (psi): <u>4440</u>
Total gas used in treatment (mcf): _____	Fluid density at initial fracture (lbs/gal): <u>8.34</u>
Type of gas used in treatment: _____	Min frac gradient (psi/ft): <u>0.73</u>
Total acid used in treatment (bbl): _____	Number of staged intervals: <u>9</u>
Recycled water used in treatment (bbl): <u>160</u>	Flowback volume recovered (bbl): <u>841</u>
Fresh water used in treatment (bbl): <u>1852</u>	Disposition method for flowback: <u>RECYCLE</u>
Total proppant used (lbs): <u>148194</u>	Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/>

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: <u>05/16/2012</u>	Hours: <u>24</u>	Bbl oil: <u>12</u>	Mcf Gas: <u>10</u>	Bbl H2O: <u>106</u>
Calculated 24 hour rate:	Bbl oil: <u>12</u>	Mcf Gas: <u>10</u>	Bbl H2O: <u>106</u>	GOR: <u>833</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>250</u>	Tubing PSI: <u>68</u>	Choke Size: <u>12/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	Btu Gas: <u>1548</u>	API Gravity Oil: <u>42</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>6797</u>	Tbg setting date: <u>05/11/2012</u>	Packer Depth: _____	

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

** Bridge Plug Depth: 7641 ** 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: 05/11/2012

Perforations Top: 6811 Bottom: 7062 No. Holes: 104 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: 05/16/2012 Hours: 24 Bbl oil: 12 Mcf Gas: 10 Bbl H2O: 106

Calculated 24 hour rate: Bbl oil: 12 Mcf Gas: 10 Bbl H2O: 106 GOR: 833

Test Method: FLOWING Casing PSI: 250 Tubing PSI: 68 Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1548 API Gravity Oil: 42

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6797 Tbg setting date: 05/11/2012 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: 05/03/2012 End Date: 05/03/2012 Date of First Production this formation: 05/11/2012
Perforations Top: 6811 Bottom: 6860 No. Holes: 32 Hole size: 0.71

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

PERF'D 6811-6815', 6848-6860', FRAC'D W/ 167323 GAL VISTAR AND SLICK WATER, 1118# SUPER LC AND 237481# OTTAWA SAND

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 3984 Max pressure during treatment (psi): 4107

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): 0.81

Total acid used in treatment (bbl): Number of staged intervals: 8

Recycled water used in treatment (bbl): 268 Flowback volume recovered (bbl): 841

Fresh water used in treatment (bbl): 3716 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 248499 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
400515401	OTHER

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)