

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 400528074

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 Email: kmills@nobleenergyinc.com

5. API Number 05-123-36684-01 6. County: WELD 7. Well Name: Kummer PC 8. Location: QtrQtr: NWSW Section: 23 Township: 8N Range: 61W Meridian: 6 9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/27/2013 End Date: 05/27/2013 Date of First Production this formation: 06/14/2013

Perforations Top: 7018 Bottom: 10564 No. Holes: 0 Hole size:

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

FRAC'D W/ 2261589 GAL SILVERSTIM AND SLICK WATER AND 3435538# OTTAWA SAND

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

Total fluid used in treatment (bbl): 53847 Max pressure during treatment (psi): 4433 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): Total acid used in treatment (bbl): Number of staged intervals: 19 Recycled water used in treatment (bbl): 3865 Flowback volume recovered (bbl): 1591 Fresh water used in treatment (bbl): 49982 Disposition method for flowback: RECYCLE Total proppant used (lbs): 3435538 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: 06/22/2013 Hours: 24 Bbl oil: 250 Mcf Gas: 147 Bbl H2O: 472 Calculated 24 hour rate: Bbl oil: 250 Mcf Gas: 147 Bbl H2O: 472 GOR: 588 Test Method: FLOWING Casing PSI: 0 Tubing PSI: 250 Choke Size: 24/64 Gas Disposition: SOLD Gas Type: WET Btu Gas: 1414 API Gravity Oil: 39 Tubing Size: 2 + 3/8 Tubing Setting Depth: 6798 Tbg setting date: 06/08/2013 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:

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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
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Attachment Check List

Att Doc Num **Name**

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Total Attach: 0 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)