

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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Document Number:

400600169

Date Received:

05/01/2014

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: Eileen Roberts

Phone: (303) 2284330

Fax: (303) 2284286

Email: eroberts@nobleenergyinc.com

5. API Number 05-123-36701-00

7. Well Name: SHABLE USX PC AB

8. Location: QtrQtr: SWSW Section: 11 Township: 7N Range: 64W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: 11-63-1HNL

Completed Interval

FORMATION: NIOBRARA	Status: SHUT IN	Treatment Type: FRACTURE STIMULATION
Treatment Date: 08/26/2013	End Date: 08/26/2013	Date of First Production this formation: _____
Perforations Top: 15757	Bottom: 16325	No. Holes: 0 Hole size: _____
Provide a brief summary of the formation treatment:		Open Hole: <input checked="" type="checkbox"/>
2 stages: Frac'd the Niobrara w/ 314869 gals of Vistar and Slick Water with 298885#'s of Ottawa sand.		
Well shut in no test data.		
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Total fluid used in treatment (bbl): 7496	Max pressure during treatment (psi): 7988	
Total gas used in treatment (mcf): 0	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): 0	Number of staged intervals: 2	
Recycled water used in treatment (bbl): 325	Flowback volume recovered (bbl): 0	
Fresh water used in treatment (bbl): 7171	Disposition method for flowback: _____	
Total proppant used (lbs): 298885	Rule 805 green completion techniques were utilized: <input type="checkbox"/>	
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: <input type="checkbox"/> Yes <input type="checkbox"/> 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: Eileen Roberts
Title: Regulatory Specialist Date: 5/1/2014 Email: eroberts@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
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400600169	FORM 5A SUBMITTED
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Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	COGCC req'd this 5A in order to process a NOI.	5/2/2014 7:25:46 AM

Total: 1 comment(s)