

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 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 Email: kmills@nobleenergyinc.com

5. API Number 05-123-34421-00 6. County: WELD
 7. Well Name: Wells Ranch USX Well Number: AA25-67-1HN
 8. Location: QtrQtr: NWNW Section: 25 Township: 6N Range: 63W Meridian: 6
 9. Field Name: CROW CREEK Field Code: 13610

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 07/25/2014 End Date: 07/25/2014 Date of First Production this formation: 03/11/2012

Perforations Top: 11001 Bottom: 11002 No. Holes: 0 Hole size: _____

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

RE-FRAC'D W/1660092 GAL BRAODBAND PILL, YF 100 FLEXD, WF 100 AND SLICK WATER AND 1685686# OTTAWA SAND

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 39526 Max pressure during treatment (psi): 4531
 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): 0.95
 Total acid used in treatment (bbl): _____ Number of staged intervals: 19
 Recycled water used in treatment (bbl): 1818 Flowback volume recovered (bbl): 321
 Fresh water used in treatment (bbl): 37708 Disposition method for flowback: RECYCLE
 Total proppant used (lbs): 1685686 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 09/15/2014 Hours: 24 Bbl oil: 17 Mcf Gas: 42 Bbl H2O: 1
 Calculated 24 hour rate: Bbl oil: 17 Mcf Gas: 42 Bbl H2O: 1 GOR: 2514
 Test Method: FLOWING Casing PSI: 736 Tubing PSI: 540 Choke Size: 18/64
 Gas Disposition: SOLD Gas Type: WET Btu Gas: 1318 API Gravity Oil: 45
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 6808 Tbg setting date: 09/03/2014 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)