

FORM 5A

Rev 06/12

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State of Colorado

Oil and Gas Conservation Commission



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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: Eileen Roberts
 2. Name of Operator: NOBLE ENERGY INC Phone: (303) 2284330
 3. Address: 1625 BROADWAY STE 2200 Fax: (303) 2284286
 City: DENVER State: CO Zip: 80202 Email: eroberts@nobleenergyinc.com

5. API Number 05-123-39034-00 6. County: WELD
 7. Well Name: NCLP Well Number: AA06-69HNC
 8. Location: QtrQtr: Lot 4 Section: 4 Township: 6N Range: 63W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 08/25/2014 End Date: 08/27/2014 Date of First Production this formation: 10/16/2014

Perforations Top: 7281 Bottom: 11297 No. Holes: 0 Hole size: _____

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

Frac'd the Niobrara w/ 3132842 gals of PermStim and Slick Water with 4206700#'s of Ottawa sand.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 74591 Max pressure during treatment (psi): 7500

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): 0.92

Total acid used in treatment (bbl): 0 Number of staged intervals: 21

Recycled water used in treatment (bbl): 4383 Flowback volume recovered (bbl): 270

Fresh water used in treatment (bbl): 70207 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 4206700 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 10/23/2014 Hours: 24 Bbl oil: 277 Mcf Gas: 195 Bbl H2O: 292

Calculated 24 hour rate: Bbl oil: 277 Mcf Gas: 195 Bbl H2O: 292 GOR: 703

Test Method: FLOWING Casing PSI: 550 Tubing PSI: 476 Choke Size: 18/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1345 API Gravity Oil: 40

Tubing Size: 2 + 7/8 Tubing Setting Depth: 7058 Tbg setting date: 09/30/2014 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: Eileen Roberts

Title: Regulatory Analyst I Date: _____ Email: eroberts@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)