

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: 400472535

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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 05-123-33852-00
6. County: WELD
7. Well Name: RHINO STATE D
Well Number: 27-27D
8. Location: QtrQtr: NESW Section: 27 Township: 3N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 10/04/2011 End Date: 10/04/2011 Date of First Production this formation: 10/06/2011
Perforations Top: 7881 Bottom: 7893 No. Holes: 48 Hole size: 0.4

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

FRAC'D W/108990 GAL SILVERSTIM, SLICK WATER, 500 GAL 15% HCL AND 199563# OTTAWA SAND
4/25/2012 CBP@7820' FOR NIO REFRAC; 6/11/2012 REMOVE CBP AND COMMINGLE

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

Total fluid used in treatment (bbl): 2607 Max pressure during treatment (psi): 4521
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): 0.78
Total acid used in treatment (bbl): 12 Number of staged intervals: 5
Recycled water used in treatment (bbl): 216 Flowback volume recovered (bbl): 158
Fresh water used in treatment (bbl): 2379 Disposition method for flowback: RECYCLE
Total proppant used (lbs): 199563 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: 10/14/2011 Hours: 24 Bbl oil: 44 Mcf Gas: 95 Bbl H2O: 26
Calculated 24 hour rate: Bbl oil: 44 Mcf Gas: 95 Bbl H2O: 26 GOR: 2159
Test Method: FLOWING Casing PSI: 448 Tubing PSI: 0 Choke Size: 10/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1405 API Gravity Oil: 53
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: NIOBRARA-CODELL Status: PRODUCING Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: 06/11/2012

Perforations Top: 7651 Bottom: 7893 No. Holes: 96 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: 07/01/2012 Hours: 24 Bbl oil: 32 Mcf Gas: 122 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 32 Mcf Gas: 122 Bbl H2O: 0 GOR: 3813

Test Method: FLOWING Casing PSI: 539 Tubing PSI: 0 Choke Size: 18/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1405 API Gravity Oil: 49

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7866 Tbg setting date: 06/11/2012 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: 05/04/2012 End Date: 05/04/2012 Date of First Production this formation: 05/08/2012

Perforations Top: 7651 Bottom: 7765 No. Holes: 48 Hole size: 0.73

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

PERF'D NIO B 7651-7663', NIO C 7753-7765'. FRAC'D W/180411 GAL SILVERSTIM AND SLICK WATER AND 272634# OTTAWA SAND

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 4296 Max pressure during treatment (psi): 4646

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): 0.78

Total acid used in treatment (bbl): Number of staged intervals: 5

Recycled water used in treatment (bbl): 311 Flowback volume recovered (bbl): 158

Fresh water used in treatment (bbl): 3985 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 272634 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 05/15/2012 Hours: 13 Bbl oil: 105 Mcf Gas: 34 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 163 Mcf Gas: 105 Bbl H2O: 0 GOR: 644

Test Method: FLOWING Casing PSI: 539 Tubing PSI: 0 Choke Size: 18/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1405 API Gravity Oil: 49

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: Print Name: Kathleen Mills

Title: Regulatory Analyst Date: 8/26/2013 Email: kmills@nobleenergyinc.com

Attachment Check List

Table with 2 columns: Att Doc Num, Name. Row 1: 400472535, FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

Table with 3 columns: User Group, Comment, Comment Date. Row 1: Permit, Operator supplied corrected GOR. Data has been input into form., 2/18/2015 12:02:51 PM. Row 2: Permit, Contacted operator to verify Niobrara test GOR., 2/17/2015 3:17:21 PM

Total: 2 comment(s)