

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



DE	ET	OE	ES
----	----	----	----

Document Number: 400799809

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 05-123-16977-00 6. County: WELD
 7. Well Name: TANIA BLUE D Well Number: 2-9
 8. Location: QtrQtr: NESE Section: 2 Township: 3N Range: 64W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: 05/21/2012

Perforations Top: 6620 Bottom: 6860 No. Holes: 204 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: 05/24/2012 Hours: 24 Bbl oil: 11 Mcf Gas: 83 Bbl H2O: 12

Calculated 24 hour rate: Bbl oil: 11 Mcf Gas: 83 Bbl H2O: 12 GOR: 7545

Test Method: FLOWING Casing PSI: 1300 Tubing PSI: 400 Choke Size: 32/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1304 API Gravity Oil: 53

Tubing Size: 1 + 2/3 Tubing Setting Depth: 6816 Tbg setting date: 05/22/2012 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: 04/29/2012 End Date: 04/29/2012 Date of First Production this formation: 05/04/2012

Perforations Top: 6620 Bottom: 6684 No. Holes: 96 Hole size: 0.2

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

PERF'S 6620-6632', 6672-6684'; FRAC'D W/155614 ALS LIGHTNING AND SLICK WATER, 500 GALS 15% HCL AND 246104# OTTAWA SAND

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 3705 Max pressure during treatment (psi): 5394

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): 0.96

Total acid used in treatment (bbl): 12 Number of staged intervals: 9

Recycled water used in treatment (bbl): 267 Flowback volume recovered (bbl): 348

Fresh water used in treatment (bbl): 3438 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 246104 Rule 805 green completion techniques were utilized:

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: 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: Kathleen Mills Print Name: Kathleen Mills Title: Regulatory Analyst Date: Email: kmills@nobleenergyinc.com

Attachment Check List

Table with 2 columns: Att Doc Num, Name. Total Attach: 0 Files

General Comments

Table with 3 columns: User Group, Comment, Comment Date. Total: 0 comment(s)