

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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 2. Name of Operator: NOBLE ENERGY INC 3. Address: 1625 BROADWAY STE 2200 City: DENVER State: CO Zip: 80202 4. Contact Name: Julie Webb Phone: (720) 587-2223 Fax: Email: jwebb@progressivepcs.net

5. API Number 05-123-41589-00 6. County: WELD 7. Well Name: Kidd Well Number: LD22-780 8. Location: QtrQtr: SWSW Section: 22 Township: 9N Range: 58W Meridian: 6 9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 11/03/2015 End Date: 11/05/2015 Date of First Production this formation: 12/20/2015 Perforations Top: 6344 Bottom: 10421 No. Holes: 0 Hole size:

Provide a brief summary of the formation treatment: Open Hole: Niobrara was Frac'd with 4652735 lbs Ottawa Sand, 9846702 gals of Silverstem and Slick water.

This formation is commingled with another formation: Total fluid used in treatment (bbl): 234445 Max pressure during treatment (psi): 6259 Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.34 Type of gas used in treatment: Min frac gradient (psi/ft): 0.82 Total acid used in treatment (bbl): 0 Number of staged intervals: Recycled water used in treatment (bbl): 119847 Flowback volume recovered (bbl): 5189 Fresh water used in treatment (bbl): 114598 Disposition method for flowback: RECYCLE Total proppant used (lbs): 4652735 Rule 805 green completion techniques were utilized: Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 12/25/2015 Hours: 24 Bbl oil: 679 Mcf Gas: 250 Bbl H2O: 396 Calculated 24 hour rate: Bbl oil: 679 Mcf Gas: 250 Bbl H2O: 396 GOR: 368 Test Method: Flowing Casing PSI: 0 Tubing PSI: 537 Choke Size: 20/64 Gas Disposition: SOLD Gas Type: WET Btu Gas: 1375 API Gravity Oil: 52 Tubing Size: 2 + 3/8 Tubing Setting Depth: 6123 Tbg setting date: 12/16/2015 Packer Depth:

Reason for Non-Production: Date formation Abandoned: Squeeze: 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: Julie Webb

Title: Regualtory Analyst Date: _____ Email: jwebb@progressivepcs.net
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Attachment Check List

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