

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 05-123-41785-00 6. County: WELD 7. Well Name: Wells Ranch Well Number: AE32-620 8. Location: QtrQtr: SWSW Section: 32 Township: 6N Range: 62W Meridian: 6 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL-FORT HAYS Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/20/2016 End Date: 05/25/2016 Date of First Production this formation: 06/26/2016 Perforations Top: 7171 Bottom: 15982 No. Holes: 0 Hole size:

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

Codell- Fort Hays frac'd with: 9800853 lb Ottawa Sand, 10944008 gal Silverstem and slickwater

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

Total fluid used in treatment (bbl): 260572 Max pressure during treatment (psi): 8274 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): 0.89 Total acid used in treatment (bbl): Number of staged intervals: 38 Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 13543 Fresh water used in treatment (bbl): 260572 Disposition method for flowback: RECYCLE Total proppant used (lbs): 9800853 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: 07/07/2016 Hours: 24 Bbl oil: 115 Mcf Gas: 52 Bbl H2O: 2259 Calculated 24 hour rate: Bbl oil: 115 Mcf Gas: 52 Bbl H2O: 2259 GOR: 452 Test Method: Flowing Casing PSI: 5 Tubing PSI: 814 Choke Size: 20/64 Gas Disposition: SOLD Gas Type: WET Btu Gas: 1377 API Gravity Oil: 52 Tubing Size: 2 + 3/8 Tubing Setting Depth: 6786 Tbg setting date: 06/21/2016 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: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/20/2016 End Date: 05/25/2016 Date of First Production this formation: 06/26/2016

Perforations Top: 7171 Bottom: 15982 No. Holes: 0 Hole size: _____

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

Codell Perf's: 7171'-7451', 11605'-12662', 13185'-13202', 13766'-14644', 14661'-15982'

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: _____ 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.

FORMATION: FORT HAYS Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/20/2016 End Date: 05/25/2016 Date of First Production this formation: 06/26/2016

Perforations Top: 7452 Bottom: 14660 No. Holes: 0 Hole size:

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

Fort Hay's Perf's: 7452-11,604', 12,663-13,184', 13,203-13,765', 14,645-14,660'

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: 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:

Top packer set at 7073', bottom packer set at 15828'. Actual TPZ 666 FSL, 1049 FWL, Sec 32. 6N 62W

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: Senior Regulatory Analyst Date: Email jwebb@progressivepcs.net

Attachment Check List

Table with columns Att Doc Num and Name

Total Attach: 0 Files

General Comments

Table with columns User Group, Comment, and Comment Date

Total: 0 comment(s)