

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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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: eroberts@nobleenergyinc.com

5. API Number 05-123-11633-00
6. County: WELD
7. Well Name: ROTHE
Well Number: 1
8. Location: QtrQtr: NESE Section: 2 Township: 4N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: End Date: Date of First Production this formation: 04/17/1984
Perforations Top: 6709 Bottom: 6722 No. Holes: 13 Hole size: 0.38

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

COMMINGLE W/NIOBRARA.

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

Total fluid used in treatment (bbl):
Total gas used in treatment (mcf):
Type of gas used in treatment:
Total acid used in treatment (bbl):
Recycled water used in treatment (bbl):
Fresh water used in treatment (bbl):
Total proppant used (lbs):
Max pressure during treatment (psi):
Fluid density at initial fracture (lbs/gal):
Min frac gradient (psi/ft):
Number of staged intervals:
Flowback volume recovered (bbl):
Disposition method for flowback:
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: NIOBRARA-CODELL Status: PRODUCING Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: 12/23/2009

Perforations Top: 6432 Bottom: 6722 No. Holes: 69 Hole size: _____

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

COMMINGLE NB & CDL

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: 01/05/2010 Hours: 24 Bbl oil: 5 Mcf Gas: 102 Bbl H2O: 4

Calculated 24 hour rate: Bbl oil: 5 Mcf Gas: 102 Bbl H2O: 4 GOR: 20400

Test Method: FLOWING Casing PSI: 100 Tubing PSI: 35 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 58 API Gravity Oil: 1275

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6698 Tbg setting date: 12/18/2009 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: 12/14/2009 End Date: 12/14/2009 Date of First Production this formation: 12/23/2009

Perforations Top: 6432 Bottom: 6534 No. Holes: 56 Hole size: 0.73

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

FRAC'D W/181524 GAL VISTAR AND SLICK WATER, 356 GAL 145% HCL AND 238547# OTTAWA SAND. COMMINGLE W/CODELL

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 433 Max pressure during treatment (psi): 7374

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): 0.91

Total acid used in treatment (bbl): 8 Number of staged intervals: 11

Recycled water used in treatment (bbl): 257 Flowback volume recovered (bbl): 1048

Fresh water used in treatment (bbl): 4065 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 238547 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: Print Name: Kathleen Mills

Title: Regulatory Analyst Date: 2/25/2015 Email: eroberts@nobleenergyinc.com

Attachment Check List

Table with 2 columns: Att Doc Num, Name. Row 1: 400799071, FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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