

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: Eileen Roberts Phone: (303) 2284330 Fax: (303) 2284286 Email: eroberts@nobleenergyinc.com

5. API Number 05-123-38151-00 6. County: WELD 7. Well Name: Storis Well Number: E24-73HC 8. Location: QtrQtr: NENE Section: 24 Township: 6N Range: 65W Meridian: 6 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

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

Treatment Date: 09/15/2014 End Date: 09/16/2014 Date of First Production this formation: 10/15/2014 Perforations Top: 7440 Bottom: 11283 No. Holes: 0 Hole size:

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

Frac'd the Fort Hays Codell w/ 3161803 gals of Silverstim and Slick Water with 3330060#'s of Ottawa sand.

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

Total fluid used in treatment (bbl): 75281 Max pressure during treatment (psi): 5715 Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.43 Type of gas used in treatment: Min frac gradient (psi/ft): 0.94 Total acid used in treatment (bbl): 0 Number of staged intervals: 21 Recycled water used in treatment (bbl): 3370 Flowback volume recovered (bbl): 584 Fresh water used in treatment (bbl): 71910 Disposition method for flowback: RECYCLE Total proppant used (lbs): 3330060 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: 11/05/2014 Hours: 24 Bbl oil: 174 Mcf Gas: 333 Bbl H2O: 160 Calculated 24 hour rate: Bbl oil: 174 Mcf Gas: 333 Bbl H2O: 160 GOR: 1913 Test Method: FLOWING Casing PSI: 2459 Tubing PSI: 1751 Choke Size: 12/64 Gas Disposition: SOLD Gas Type: WET Btu Gas: 1304 API Gravity Oil: 43 Tubing Size: 2 + 7/8 Tubing Setting Depth: 7163 Tbg setting date: 10/12/2014 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: \_\_\_\_\_

Treatment Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Date of First Production this formation: 10/15/2014

Perforations Top: 7440 Bottom: 11283 No. Holes: 0 Hole size: 0

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

Codell Intervals 7440-9520, 9643-10944, 11092-11283

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:

Treatment Date: End Date: Date of First Production this formation: 10/15/2014

Perforations Top: 9520 Bottom: 11092 No. Holes: 0 Hole size:

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

Fort Hays Intervals: 9520-9643, 10944-11092

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:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: Print Name: Eileen Roberts

Title: Regulatory Specialist Date: Email: eroberts@nobleenergyinc.com

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)