

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:

400441994

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: Kathleen Mills

Phone: (720) 587-2226

Fax: (303) 228-4286

5. API Number 05-123-30695-00

7. Well Name: THUNDERHEAD USX AB

8. Location: QtrQtr: NWNW Section: 25 Township: 7N Range: 64W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: 25-99HZ

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 01/25/2010 End Date: 02/01/2010 Date of First Production this formation: 02/05/2010

Perforations Top: 7187 Bottom: 11502 No. Holes: 0 Hole size: _____

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

1/25/2010 FRAC'D 9463-11502 W/1647481 GAL SILVERSTIM AND SLICK WATER, 2310091# OTTAWA SAND AND 160375# SB EXCEL.
2/1/2010 FRAC'D 7187-9183 W/1652362 GAL SILVERSTIM AND SLICK WATER, 2312875# OTTAWA SAND AND 150099# SB EXCEL.

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 78568 Max pressure during treatment (psi): 7313
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): 0.71
Total acid used in treatment (bbl): _____ Number of staged intervals: _____
Recycled water used in treatment (bbl): 5348 Flowback volume recovered (bbl): 3637
Fresh water used in treatment (bbl): 73220 Disposition method for flowback: RECYCLE
Total proppant used (lbs): 4933439 Rule 805 green completion techniques were utilized: ☒
Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 02/17/2010 Hours: 24 Bbl oil: 268 Mcf Gas: 201 Bbl H2O: 167
Calculated 24 hour rate: Bbl oil: 268 Mcf Gas: 201 Bbl H2O: 167 GOR: 750
Test Method: FLOWING Casing PSI: 1070 Tubing PSI: 375 Choke Size: 20/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1379 API Gravity Oil: 44
Tubing Size: 2 + 7/8 Tubing Setting Depth: 5970 Tbg setting date: 02/08/2010 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: _____ Email: kmills@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)