

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: Sarah Finnegan Phone: (720) 587-2265 Fax: (303) 228-4286

5. API Number 05-123-25607-00 6. County: WELD 7. Well Name: SAMUEL J Well Number: 7-23 8. Location: QtrQtr: NWSE Section: 7 Township: 5N Range: 66W Meridian: 6 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/20/2005 End Date: 07/20/2012 Date of First Production this formation: 06/06/2005 Perforations Top: 7344 Bottom: 7360 No. Holes: 64 Hole size: 0.42

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

Pumped 232,877 lbs of Ottawa Proppant and 132,588 gallons of 15% HCL, Slick Water, and Vistar. Commingle the Niobrara and Codell.

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

Total fluid used in treatment (bbl): 3157 Max pressure during treatment (psi): 4274 Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.34 Type of gas used in treatment: Min frac gradient (psi/ft): 0.79 Total acid used in treatment (bbl): Number of staged intervals: 8 Recycled water used in treatment (bbl): Flowback volume recovered (bbl): Fresh water used in treatment (bbl): Disposition method for flowback: RECYCLE Total proppant used (lbs): 232877 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: 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: NIORARA-CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/20/2005 End Date: 07/24/2012 Date of First Production this formation: 08/03/2012

Perforations Top: 7028 Bottom: 7360 No. Holes: 112 Hole size: \_\_\_\_\_

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

Niobrara Perfs: 7028-7173  
Codell Perfs: 7344-7360

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: 08/07/2012 Hours: 24 Bbl oil: 16 Mcf Gas: 79 Bbl H2O: 4

Calculated 24 hour rate: Bbl oil: 16 Mcf Gas: 79 Bbl H2O: 4 GOR: 4938

Test Method: Flowing Casing PSI: 992 Tubing PSI: 835 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1320 API Gravity Oil: 61

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7332 Tbg setting date: 08/01/2012 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: 07/20/2012 End Date: 07/24/2012 Date of First Production this formation: 08/03/2012  
Perforations Top: 7028 Bottom: 7173 No. Holes: 48 Hole size: 0.72

Provide a brief summary of the formation treatment: Open Hole:   
Pumped 245,548 lbs of Ottawa Proppant and 146,975 gallons of Slick Water and Vistar.  
Commingle the Niobrara and Codell.

This formation is commingled with another formation:  Yes  No  
Total fluid used in treatment (bbl): 3499 Max pressure during treatment (psi): 4407  
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.34  
Type of gas used in treatment: Min frac gradient (psi/ft): 0.98  
Total acid used in treatment (bbl): Number of staged intervals: 7  
Recycled water used in treatment (bbl): Flowback volume recovered (bbl):  
Fresh water used in treatment (bbl): Disposition method for flowback: RECYCLE  
Total proppant used (lbs): 245548 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: Sarah Finnegan  
Title: Regulatory Analyst Date: 9/13/2012 Email: sfinnegan@nobleenergyinc.com

**Attachment Check List**

Att Doc Num	Name
400326495	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)