

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



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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: Andrea Rawson
Phone: (303) 228-4253
Fax: (303) 228-4286

5. API Number 05-123-16472-00
6. County: WELD
7. Well Name: HUNGENBERG
Well Number: 13-12F
8. Location: QtrQtr: NWSW Section: 13 Township: 4N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: SHUT IN Treatment Type:
Treatment Date: 11/23/2011 End Date: Date of First Production this formation: 12/29/1992
Perforations Top: 7201 Bottom: 7219 No. Holes: 72 Hole size:
Provide a brief summary of the formation treatment: Open Hole: ☐

Codell under sand plug @ 7050.

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: Number of staged intervals:
Total acid used in treatment (bbl): Max frac gradient (psi/ft):
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: Will be commingled at a later date.

Date formation Abandoned: Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt

Bridge Plug Depth: Sacks cement on top:

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: _____
Treatment Date: 11/23/2011 End Date: _____ Date of First Production this formation: 11/23/2011
Perforations Top: 6894 Bottom: 7010 No. Holes: 64 Hole size: _____
Provide a brief summary of the formation treatment: _____ Open Hole: ☐

Re-Frac'd Niobrara w/ 149,421 gals of Slick water, Vistar, and 15% HCl with 237,685#'s of Ottawa sand.

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: _____

Number of staged intervals: _____

Total acid used in treatment (bbl): _____

Max frac gradient (psi/ft): _____

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: 12/02/2011 Hours: 24 Bbl oil: 4 Mcf Gas: 195 Bbl H2O: 12
Calculated 24 hour rate: Bbl oil: 4 Mcf Gas: 195 Bbl H2O: 12 GOR: 48750
Test Method: Flowing Casing PSI: 400 Tubing PSI: 0 Choke Size: 12
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1316 API Gravity Oil: 58
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: _____

Comment: _____

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

Signed: _____ Print Name: Andrea Rawson

Title: Regulatory Specialist Date: 3/13/2012 Email: arawson@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400260702	FORM 5A SUBMITTED
400260710	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)