

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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Document Number:

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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

5. API Number 05-123-33737-00

7. Well Name: ROHN PC LD

8. Location: QtrQtr: NENW Section: 4 Township: 9N Range: 58W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: 04-03

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 11/03/2011 End Date: 11/03/2011 Date of First Production this formation: 01/13/2012

Perforations Top: 5605 Bottom: 5919 No. Holes: 80 Hole size: 0

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

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

Total fluid used in treatment (bbl): 6968 Max pressure during treatment (psi): 6738

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: _____ Number of staged intervals: 20

Total acid used in treatment (bbl): 15 Max frac gradient (psi/ft): 1.54

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): 993041 Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 01/20/2012 Hours: 24 Bbl oil: 20 Mcf Gas: 3 Bbl H2O: 7

Calculated 24 hour rate: Bbl oil: 20 Mcf Gas: 3 Bbl H2O: 7 GOR: 150

Test Method: FLOWING Casing PSI: 70 Tubing PSI: 0 Choke Size: 024/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1331 API Gravity Oil: 38

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5515 Tbg setting date: 01/27/2012 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: _____

FORMATION: <u>NIOBARRA</u>		Status: <u>COMMINGLED</u>		Treatment Type: <u>FRACTURE STIMULATION</u>	
Treatment Date: <u>11/03/2011</u>		End Date: <u>11/03/2011</u>		Date of First Production this formation: <u>01/03/2012</u>	
Perforations Top: <u>5605</u>		Bottom: <u>5714</u>		No. Holes: <u>48</u> Hole size: <u>0.69</u>	
Provide a brief summary of the formation treatment:				Open Hole: <input type="checkbox"/>	
Frac'd the Niobrara w/ 153009 gals of Silverstim and Slick Water with 496,974#'s of Ottawa sand.					
Commingled the Niobrara and Codell.					
This formation is commingled with another formation:				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Total fluid used in treatment (bbl): <u>3910</u>		Max pressure during treatment (psi): <u>3852</u>			
Total gas used in treatment (mcf): <u>0</u>		Fluid density at initial fracture (lbs/gal): _____			
Type of gas used in treatment: _____		Number of staged intervals: <u>9</u>			
Total acid used in treatment (bbl): <u>0</u>		Max frac gradient (psi/ft): <u>0.78</u>			
Recycled water used in treatment (bbl): _____		Flowback volume recovered (bbl): _____			
Fresh water used in treatment (bbl): _____		Disposition method for flowback: <u>RECYCLE</u>			
Total proppant used (lbs): <u>496974</u>		Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/>			
Reason why green completion not utilized: _____					
Fracture stimulations must be reported on FracFocus.org					
<u>Test Information:</u>					
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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
Date formation Abandoned: _____	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____			
Bridge Plug Depth: _____		Sacks cement on top: _____			
Comment: <div style="border: 1px solid black; height: 30px; width: 100%;"></div>					
I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.					
Signed: _____		Print Name: <u>Eileen Roberts</u>			
Title: <u>Regulatory Specialist</u>		Date: _____		Email: <u>eroberts@nobleenergyinc.com</u>	

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)