

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 05-123-32392-00

7. Well Name: BOULTER

8. Location: QtrQtr: SESW Section: 14 Township: 4N Range: 65W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: G14-24

Completed Interval

FORMATION: <u>CODELL</u>		Status: <u>COMMINGLED</u>		Treatment Type: <u>FRACTURE STIMULATION</u>	
Treatment Date: <u>03/12/2012</u>		End Date: <u>03/12/2012</u>		Date of First Production this formation: <u>03/23/2012</u>	
Perforations	Top: <u>7020</u>	Bottom: <u>7037</u>	No. Holes: <u>68</u>	Hole size: <u>0.4</u>	

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

Frac'd the Codell with 108699 gals of Silverstim and Slick Water 15% HCl with 224,000#'s of Ottawa sand.

The Codell is producing through a composite flow through plug.

Commingle the Niobrara and Codell.

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

Total fluid used in treatment (bbl): <u>2830</u>	Max pressure during treatment (psi): <u>4267</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>7</u>
Total acid used in treatment (bbl): _____	Max frac gradient (psi/ft): <u>0.67</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>267522</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

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: _____

FORMATION: NIOBRARA-CODELL		Status: PRODUCING		Treatment Type: FRACTURE STIMULATION	
Treatment Date: 03/12/2012		End Date: 03/12/2012		Date of First Production this formation: 03/23/2012	
Perforations Top: 6710		Bottom: 7037		No. Holes: 116 Hole size: 0	
Provide a brief summary of the formation treatment:				Open Hole: <input type="checkbox"/>	
This formation is commingled with another formation:				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/>			
Reason why green completion not utilized:					
Fracture stimulations must be reported on FracFocus.org					
<u>Test Information:</u>					
Date: 03/30/2012	Hours: 24	Bbl oil: 47	Mcf Gas: 410	Bbl H2O: 8	
Calculated 24 hour rate:	Bbl oil: 47	Mcf Gas: 410	Bbl H2O: 8	GOR: 8723	
Test Method: FLOWING	Casing PSI: 700	Tubing PSI: 0	Choke Size: 012/64		
Gas Disposition: SOLD	Gas Type: WET	Btu Gas: 1237	API Gravity Oil: 57		
Tubing Size: 2 + 3/8	Tubing Setting Depth: 7002	Tbg setting date: 04/18/2012	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:				

FORMATION: NIOBRARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 03/12/2012 End Date: 03/12/2012 Date of First Production this formation: 03/23/2012
Perforations Top: 6710 Bottom: 6828 No. Holes: 48 Hole size: 0.72

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

Frac'd the Niobrara w/ 263816 gals of Silverstim and Slick Water with 468,6003's of Ottawa sand.

Commingle the Niobrara and Codell.

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

Total fluid used in treatment (bbl): 3962 Max pressure during treatment (psi): 4505

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

Type of gas used in treatment: Number of staged intervals: 7

Total acid used in treatment (bbl): Max frac gradient (psi/ft): 0.89

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): 498294 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: SOLD Gas Type: WET 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:

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

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)