

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:

400298062

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

5. API Number 05-123-12274-00
6. County: WELD
7. Well Name: BOHLENDER
Well Number: 4
8. Location: QtrQtr: SESW Section: 8 Township: 4N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: SHUT IN Treatment Type:
Treatment Date: 01/04/2012 End Date: Date of First Production this formation: 01/26/1985
Perforations Top: 7138 Bottom: 7152 No. Holes: 56 Hole size:
Provide a brief summary of the formation treatment: Open Hole: ☐

Codell under sand plug @ 6996

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: FRACTURE STIMULATION

Treatment Date: 01/04/2012 End Date: 01/04/2012 Date of First Production this formation: 01/07/2012

Perforations Top: 6838 Bottom: 6960 No. Holes: 128 Hole size:

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

Frac'd Niobrara w/ 164489 gals of Slick water, Vistar, and 15% HCl with 249,316#s of Ottawa sand

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

Total fluid used in treatment (bbl): 3916 Max pressure during treatment (psi): 7602

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

Type of gas used in treatment: Number of staged intervals: 8

Total acid used in treatment (bbl): Max frac gradient (psi/ft): 0.93

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): 249316 Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 02/03/2012 Hours: 24 Bbl oil: 5 Mcf Gas: 242 Bbl H2O: 3

Calculated 24 hour rate: Bbl oil: 5 Mcf Gas: 242 Bbl H2O: 3 GOR: 48400

Test Method: Flowing Casing PSI: 300 Tubing PSI: 0 Choke Size: 14

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1234 API Gravity Oil: 65

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: Email: arawson@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400298070	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)