

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:

400298384

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 05-123-14545-00  
6. County: WELD  
7. Well Name: BOSTRON  
Well Number: 32-3  
8. Location: QtrQtr: NWSE Section: 32 Township: 5N Range: 65W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: SHUT IN Treatment Type:  
Treatment Date: 12/18/2011 End Date: Date of First Production this formation: 03/31/1990  
Perforations Top: 7088 Bottom: 7104 No. Holes: 34 Hole size:  
Provide a brief summary of the formation treatment: Open Hole: ☐

Codell under sand plug @ 6963

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: 12/18/2011 End Date: 12/18/2011 Date of First Production this formation: 03/31/1990

Perforations Top: 6778 Bottom: 6918 No. Holes: 64 Hole size:

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

Re-Frac'd Niobrara w/ 169337 gals of Slick water, vistar, and 15% HCl.

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

Total fluid used in treatment (bbl): 4032 Max pressure during treatment (psi): 4605

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): 0.95

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): 253605 Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized:

**Fracture stimulations must be reported on FracFocus.org**

#### Test Information:

Date: 12/29/2011 Hours: 24 Bbl oil: 28 Mcf Gas: 422 Bbl H2O: 34

Calculated 24 hour rate: Bbl oil: 28 Mcf Gas: 422 Bbl H2O: 34 GOR: 15071

Test Method: Flowing Casing PSI: 200 Tubing PSI: 0 Choke Size: 16

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1271 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:  Email: arawson@nobleenergyinc.com

#### Attachment Check List

Att Doc Num	Name
400298394	WELLBORE DIAGRAM

Total Attach: 1 Files

#### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)