

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:

400276065

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: Tania McNutt

Phone: (303) 228-4392

Fax: (303) 228-4286

5. API Number 05-123-34338-00

7. Well Name: BURMAN C

8. Location: QtrQtr: NESE Section: 5 Township: 4N Range: 64W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: 05-23D

Completed Interval

FORMATION: <u>CODELL</u>		Status: <u>COMMINGLED</u>		Treatment Type: _____	
Treatment Date: <u>12/19/2011</u>		End Date: <u>12/19/2011</u>		Date of First Production this formation: <u>12/20/2011</u>	
Perforations	Top: <u>7000</u>	Bottom: <u>7014</u>	No. Holes: <u>56</u>	Hole size: <u>0.41</u>	

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

Pumped 244,313 lbs of Ottawa Proppant and 114,388 gallons of 15% HCL, Slick Water and Silverstim.
 The Codell is producing through a composite flow through plug
 Commingling the Niobrara and Codell

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

Total fluid used in treatment (bbl): <u>2991</u>	Max pressure during treatment (psi): <u>4105</u>
Total gas used in treatment (mcf): _____	Fluid density at initial fracture (lbs/gal): _____
Type of gas used in treatment: _____	Number of staged intervals: <u>1</u>
Total acid used in treatment (bbl): _____	Max frac gradient (psi/ft): <u>0.71</u>
Recycled water used in treatment (bbl): _____	Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____	Disposition method for flowback: _____
Total proppant used (lbs): <u>244313</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: <u>J SAND</u>		Status: <u>PRODUCING</u>		Treatment Type: <u>FRACTURE STIMULATION</u>	
Treatment Date: <u>12/19/2011</u>		End Date: <u>12/20/2011</u>		Date of First Production this formation: <u>12/20/2011</u>	
Perforations	Top: <u>7466</u>	Bottom: <u>7496</u>	No. Holes: <u>72</u>	Hole size: <u>0.41</u>	

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

Pumped 268,707 lbs of Ottawa Proppant, 15,669 lbs of SB Excel Proppant and 149,017 gallons of Slick Water and Silverstim. The J-sand is producing through a composite flow through plug

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

Total fluid used in treatment (bbl): <u>3855</u>	Max pressure during treatment (psi): <u>4510</u>
Total gas used in treatment (mcf): _____	Fluid density at initial fracture (lbs/gal): _____
Type of gas used in treatment: _____	Number of staged intervals: <u>1</u>
Total acid used in treatment (bbl): _____	Max frac gradient (psi/ft): <u>0.64</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>284376</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: <u>01/05/2012</u>	Hours: <u>19</u>	Bbl oil: <u>18</u>	Mcf Gas: <u>119</u>	Bbl H2O: <u>78</u>
Calculated 24 hour rate:	Bbl oil: <u>18</u>	Mcf Gas: <u>119</u>	Bbl H2O: <u>78</u>	GOR: <u>6611</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>340</u>	Tubing PSI: _____	Choke Size: <u>12/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	Btu Gas: <u>1273</u>	API Gravity Oil: <u>58</u>	
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: 12/19/2011	End Date: 12/19/2011	Date of First Production this formation: 12/20/2011			
Perforations Top: 6818	Bottom: 7014	No. Holes: 104	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: 01/05/2012	Hours: 19	Bbl oil: 18	Mcf Gas: 119	Bbl H2O: 78	
Calculated 24 hour rate:	Bbl oil: 18	Mcf Gas: 119	Bbl H2O: 78	GOR: 6611	
Test Method: FLOWING	Casing PSI: 340	Tubing PSI:	Choke Size: 12/64		
Gas Disposition: SOLD	Gas Type: WET	Btu Gas: 1243	API Gravity Oil: 57		
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:				

FORMATION: NIOBRARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/19/2011 End Date: 12/19/2011 Date of First Production this formation: 12/20/2011

Perforations Top: 6818 Bottom: 6904 No. Holes: 48 Hole size: 0.73

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

Pumped 244,443 lbs of Ottawa Proppant and 154,369 gallons of Slick Water and Silverstim.

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

Total fluid used in treatment (bbl): 3941 Max pressure during treatment (psi): 4621

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

Type of gas used in treatment: _____ Number of staged intervals: 1

Total acid used in treatment (bbl): _____ Max frac gradient (psi/ft): 0.96

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): 244443 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: _____

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: Tania McNutt

Title: Regulatory Analyst Date: _____ Email: tmcnutt@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)