

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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Date Received:

06/21/2012

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: JEAN MUSE-REYNOLDS  
Phone: (303) 228-4316  
Fax: (303) 228-4286

5. API Number 05-123-34498-00  
6. County: WELD  
7. Well Name: SH C  
Well Number: 17-24D  
8. Location: QtrQtr: SENW Section: 17 Township: 4N Range: 64W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/02/2011 End Date: 12/02/2011 Date of First Production this formation: 02/06/2012

Perforations Top: 7171 Bottom: 7183 No. Holes: 48 Hole size: 0.73

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

Codell is producing through a composite bridge plug.

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

Total fluid used in treatment (bbl): 2659

Max pressure during treatment (psi): 4805

Total gas used in treatment (mcf):

Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment:

Max frac gradient (psi/ft): 0.89

Total acid used in treatment (bbl):

Number of staged intervals: 6

Recycled water used in treatment (bbl):

Flowback volume recovered (bbl):

Fresh water used in treatment (bbl):

Disposition method for flowback:

Total proppant used (lbs): 208873

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: \*\* Wireline and Cement Job Summary must be attached.

FORMATION: <u>NIOBRARA-CODELL</u>		Status: <u>PRODUCING</u>		Treatment Type: <u>FRACTURE STIMULATION</u>	
Treatment Date: <u>12/02/2011</u>		End Date: <u>12/29/2011</u>		Date of First Production this formation: <u>02/06/2012</u>	
Perforations	Top: <u>6976</u>	Bottom: <u>7183</u>	No. Holes: <u>96</u>	Hole size: <u>0.73</u>	

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

Codell is producing through a composite bridge plug.

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: _____	Max frac gradient (psi/ft): _____
Total acid used in treatment (bbl): _____	Number of staged intervals: _____
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 checked="" type="checkbox"/>

Reason why green completion not utilized: \_\_\_\_\_

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

**Test Information:**

Date: <u>03/03/2012</u>	Hours: <u>24</u>	Bbl oil: <u>72</u>	Mcf Gas: <u>481</u>	Bbl H2O: <u>16</u>
Calculated 24 hour rate:	Bbl oil: <u>72</u>	Mcf Gas: <u>481</u>	Bbl H2O: <u>16</u>	GOR: <u>6681</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>800</u>	Tubing PSI: <u>0</u>	Choke Size: <u>12/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	Btu Gas: <u>1232</u>	API Gravity Oil: <u>58</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7157</u>	Tbg setting date: <u>05/07/2012</u>	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: \_\_\_\_\_ \*\* Wireline and Cement Job Summary must be attached.

FORMATION: NIOBRARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION  
Treatment Date: 12/02/2011 End Date: 12/29/2011 Date of First Production this formation: 02/06/2012  
Perforations Top: 6976 Bottom: 7065 No. Holes: 48 Hole size: 0.4  
Provide a brief summary of the formation treatment: Open Hole: ☐

Codell is producing through a composite bridge plug.

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

Total fluid used in treatment (bbl): 3982

Max pressure during treatment (psi): 4710

Total gas used in treatment (mcf):

Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment:

Max frac gradient (psi/ft): 0.94

Total acid used in treatment (bbl):

Number of staged intervals: 9

Recycled water used in treatment (bbl):

Flowback volume recovered (bbl):

Fresh water used in treatment (bbl):

Disposition method for flowback:

Total proppant used (lbs): 255406

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: \*\* Wireline and Cement Job Summary must be attached.

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: Print Name: JEAN MUSE-REYNOLDS

Title: REGULATORY COMPLIANCE Date: 6/21/2012 Email: jmuse@nobleenergyinc.com

#### Attachment Check List

Att Doc Num	Name
400292451	FORM 5A SUBMITTED

Total Attach: 1 Files

#### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)