

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:

400284637

Date Received:

05/15/2012

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: Eileen Roberts

Phone: (303) 2284330

Fax: (303) 2284286

5. API Number 05-123-25878-00

7. Well Name: PHILLIPS PC

8. Location: QtrQtr: NWNW

Section: 24

Township: 5N

Range: 67W

Meridian: 6

9. Field Name: WATTENBERG

Field Code: 90750

6. County: WELD

Well Number: N24-19

Completed Interval

FORMATION: NIOBRARA-CODELL Status: COMMINGLED Treatment Type: _____
Treatment Date: 11/30/2010 End Date: _____ Date of First Production this formation: 12/18/2010
Perforations Top: 7141 Bottom: 7480 No. Holes: 136 Hole size: 0

Provide a brief summary of the formation treatment:

Open Hole: ☐

Frac'd the Niobrara-Codell w/ 304583 gals of Silverstim and Slick Water with 519,100#'s of Ottawa sand.

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): _____

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: ☐

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 01/07/2011 Hours: 10 Bbl oil: 28 Mcf Gas: 249 Bbl H2O: 14
Calculated 24 hour rate: Bbl oil: 28 Mcf Gas: 249 Bbl H2O: 14 GOR: 8892
Test Method: FLOWING Casing PSI: 400 Tubing PSI: 0 Choke Size: 020/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1325 API Gravity Oil: 56
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: Eileen Roberts

Title: Regulatory Specialist Date: 5/15/2012 Email: eroberts@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400284637	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)