

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:

400316121

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 05-123-11718-00
6. County: WELD
7. Well Name: CHRISTENSEN
Well Number: 1
8. Location: QtrQtr: SWSW Section: 34 Township: 7N Range: 64W Meridian: 6
9. Field Name: GALETON Field Code: 27930

Completed Interval

FORMATION: CODELL Status: TEMPORARILY ABANDONED Treatment Type:
Treatment Date: 11/22/2011 End Date: 11/22/2011 Date of First Production this formation: 04/15/1984
Perforations Top: 7104 Bottom: 7114 No. Holes: 30 Hole size:
Provide a brief summary of the formation treatment: Open Hole: ☐

Codell under sand plug @ 6971.

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

FORMATION: NIOBRARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION
Treatment Date: 12/05/2011 End Date: 12/05/2011 Date of First Production this formation: 12/13/2011
Perforations Top: 6798 Bottom: 6941 No. Holes: 64 Hole size: 0.73

Provide a brief summary of the formation treatment:

Open Hole: ☐

Frac'd niobrara w/ 157809 gals of Slick Water, vistar, and 15% HCl with 235745#s of Ottawa sand.

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

Total fluid used in treatment (bbl): 3757

Max pressure during treatment (psi): 7292

Total gas used in treatment (mcf): 0

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: 8

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): 235745

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 12/23/2011 Hours: 24 Bbl oil: 30 Mcf Gas: 206 Bbl H2O: 7
Calculated 24 hour rate: Bbl oil: 30 Mcf Gas: 206 Bbl H2O: 7 GOR: 6867
Test Method: Flowing Casing PSI: 350 Tubing PSI: 0 Choke Size: 14
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1301 API Gravity Oil: 48
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: Andrea Rawson

Title: Regulatory Specialist Date: Email: arawson@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400316124	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)