

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:

07/30/2012

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 05-123-34168-00

7. Well Name: BRANDT USX

8. Location: QtrQtr: NWSE

Section: 13

Township: 1N

Range: 66W

Meridian: 6

9. Field Name: WATTENBERG

Field Code: 90750

6. County: WELD

Well Number: WW13-17D

Completed Interval

FORMATION: <u>CODELL</u>		Status: <u>COMMINGLED</u>		Treatment Type: <u>FRACTURE STIMULATION</u>	
Treatment Date: <u>01/10/2012</u>		End Date: <u>01/10/2012</u>		Date of First Production this formation: <u>01/27/2012</u>	
Perforations	Top: <u>7859</u>	Bottom: <u>7871</u>	No. Holes: <u>48</u>	Hole size: <u>0.44</u>	

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

Frac'd the Codell w/ 118677 gals of Silverstim and Slick Water 15% HCl with 245,000#s of Ottawa sand.

Commingle the Niobrara and Codell.

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

Total fluid used in treatment (bbl): <u>3103</u>	Max pressure during treatment (psi): <u>4726</u>
Total gas used in treatment (mcf): <u>0</u>	Fluid density at initial fracture (lbs/gal): <u>8.34</u>
Type of gas used in treatment: _____	Max frac gradient (psi/ft): <u>0.79</u>
Total acid used in treatment (bbl): <u>15</u>	Number of staged intervals: <u>7</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>500140</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: _____ ** Wireline and Cement Job Summary must be attached.

FORMATION: J-NIOBRARA-CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 01/10/2012 End Date: 01/10/2012 Date of First Production this formation: 01/27/2012

Perforations Top: 7638 Bottom: 8340 No. Holes: 184 Hole size: 0

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

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: 01/31/2012 Hours: 24 Bbl oil: 67 Mcf Gas: 65 Bbl H2O: 81

Calculated 24 hour rate: Bbl oil: 67 Mcf Gas: 65 Bbl H2O: 81 GOR: 970

Test Method: FLOWING Casing PSI: 500 Tubing PSI: 0 Choke Size: 010/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1328 API Gravity Oil: 47

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: J SAND		Status: PRODUCING		Treatment Type: _____	
Treatment Date: 01/10/2012		End Date: _____		Date of First Production this formation: 01/27/2012	
Perforations	Top: 8303	Bottom: 8340	No. Holes: 88	Hole size: 0.4	

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

Frac'd the J-Sand w/ 152127 gals of Silverstim and Slick Water with 280,600#s of Ottawa sand.
 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): _____	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 type="checkbox"/>

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 01/31/2012	Hours: 24	Bbl oil: 67	Mcf Gas: 25	Bbl H2O: 81
Calculated 24 hour rate:	Bbl oil: 67	Mcf Gas: 65	Bbl H2O: 81	GOR: 970
Test Method: FLOWING	Casing PSI: 500	Tubing PSI: 0	Choke Size: 010/64	
Gas Disposition: SOLD	Gas Type: WET	Btu Gas: 1328	API Gravity Oil: 47	
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>NIOBARRA-CODELL</u>		Status: <u>PRODUCING</u>		Treatment Type: _____	
Treatment Date: <u>01/10/2012</u>		End Date: _____		Date of First Production this formation: <u>01/27/2012</u>	
Perforations	Top: <u>7650</u>	Bottom: <u>7871</u>	No. Holes: <u>96</u>	Hole size: <u>0</u>	

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

Frac'd Niobrara-Codell w/ 273199 gals of Silverstim and Slick Water, 15% HCl with 495,040#'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: <input type="checkbox"/>

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: <u>01/31/2012</u>	Hours: <u>24</u>	Bbl oil: <u>67</u>	Mcf Gas: <u>65</u>	Bbl H2O: <u>81</u>
Calculated 24 hour rate:	Bbl oil: <u>67</u>	Mcf Gas: <u>65</u>	Bbl H2O: <u>81</u>	GOR: <u>970</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>500</u>	Tubing PSI: <u>0</u>	Choke Size: <u>010/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	Btu Gas: <u>1328</u>	API Gravity Oil: <u>47</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: _____ ** Wireline and Cement Job Summary must be attached.

FORMATION: NIOBRARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 01/10/2012 End Date: 01/10/2012 Date of First Production this formation: 01/27/2012

Perforations Top: 7638 Bottom: 7728 No. Holes: 48 Hole size: 0.69

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

Frac'd the Niobrara w/ 154522 gals of Silverstim and Slick Water with 250,040#'s of Ottawa sand.

Commingled the Niobrara and Codell.

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

Total fluid used in treatment (bbl): 3961 Max pressure during treatment (psi): 4578

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment: _____ Max frac gradient (psi/ft): 0.79

Total acid used in treatment (bbl): 0 Number of staged intervals: 7

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): 506912 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: Eileen Roberts

Title: Regulatory Specialist Date: 7/30/2012 Email: eroberts@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400310462	FORM 5A SUBMITTED

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