

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:

400323879

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: Sarah Finnegan
Phone: (720) 587-2265
Fax: (303) 228-4286

5. API Number 05-123-31805-00
6. County: WELD
7. Well Name: RURAL LAND
Well Number: G32-33D
8. Location: QtrQtr: NWSW Section: 32 Township: 4N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 01/31/2012 End Date: 01/31/2012 Date of First Production this formation: 02/21/2012

Perforations Top: 7423 Bottom: 7438 No. Holes: 60 Hole size: 0.4

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

Pumped 211,361 lbs of Ottawa Proppant and 108,229 gallons of Slick Water and Silverstim.
Commingled the Niobrara and Codell.

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

Total fluid used in treatment (bbl): 2577 Max pressure during treatment (psi): 5036

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

Type of gas used in treatment: Max frac gradient (psi/ft): 0.67

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: RECYCLE

Total proppant used (lbs): 211361 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: J-NIOBRARA-CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 01/26/2012 End Date: 02/19/2012 Date of First Production this formation: 02/21/2012

Perforations Top: 7211 Bottom: 7924 No. Holes: 144 Hole size: _____

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: 02/24/2012 Hours: 24 Bbl oil: 17 Mcf Gas: 427 Bbl H2O: 34

Calculated 24 hour rate: Bbl oil: 17 Mcf Gas: 427 Bbl H2O: 34 GOR: 25118

Test Method: Flowing Casing PSI: 800 Tubing PSI: 0 Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1286 API Gravity Oil: 59

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7412 Tbg setting date: 03/10/2012 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.

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|-----------------------------------|------------------|-----------------------------|----------------------|--|--|
| FORMATION: <u>J SAND</u> | | Status: <u>PRODUCING</u> | | Treatment Type: <u>FRACTURE STIMULATION</u> | |
| Treatment Date: <u>01/26/2012</u> | | End Date: <u>01/31/2012</u> | | Date of First Production this formation: <u>02/21/2012</u> | |
| Perforations | Top: <u>7904</u> | Bottom: <u>7924</u> | No. Holes: <u>80</u> | Hole size: <u>0.41</u> | |

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

Pumped 256,816 lbs of Ottawa Proppant, 12,141 lbs of SB Excel Proppant and 147,446 gallons of Silverstim.

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

| | |
|--|---|
| Total fluid used in treatment (bbl): <u>3511</u> | Max pressure during treatment (psi): <u>2604</u> |
| Total gas used in treatment (mcf): _____ | Fluid density at initial fracture (lbs/gal): <u>8.34</u> |
| Type of gas used in treatment: _____ | Max frac gradient (psi/ft): <u>0.59</u> |
| Total acid used in treatment (bbl): _____ | Number of staged intervals: <u>10</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>268957</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: NIOBRARA-CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 01/31/2012 End Date: 02/19/2012 Date of First Production this formation: 02/21/2012

Perforations Top: 7211 Bottom: 7438 No. Holes: 84 Hole size: _____

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: _____ 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: NIOBRARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION
Treatment Date: 02/07/2012 End Date: 02/19/2012 Date of First Production this formation: 02/21/2012
Perforations Top: 7211 Bottom: 7223 No. Holes: 24 Hole size: 0.73

Provide a brief summary of the formation treatment:

Open Hole: ☒

Pumped 230,193 lbs of Ottawa Proppant and 150,738 gallons of 15% HCL, Slick Water, and Silverstim.
Commingling the Niobrara and Codell.

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

Total fluid used in treatment (bbl): 3589

Max pressure during treatment (psi): 4765

Total gas used in treatment (mcf):

Fluid density at initial fracture (lbs/gal): 8.34

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: RECYCLE

Total proppant used (lbs): 230193

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: Sarah Finnegan
Title: Regulatory Analyst Date: Email: sfinnegan@nobleenergyinc.com

Attachment Check List

| Att Doc Num | Name |
|-------------|------|
| | |

Total Attach: 0 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)