

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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 05-123-18369-00 6. County: WELD 7. Well Name: D.L. PHILLIPS 8. Location: QtrQtr: NWNW Section: 24 Township: 5N Range: 67W Meridian: 6 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 11/03/2011 End Date: 11/03/2011 Date of First Production this formation: 08/23/1994 Perforations Top: 7434 Bottom: 7445 No. Holes: 40 Hole size:

Provide a brief summary of the formation treatment: Open Hole: [ ]

Tri-Frac'd codell w/ 141363 gals of Vistar with 224253#'s of Ottawa sand.

This formation is commingled with another formation: [ ] Yes [X] No

Total fluid used in treatment (bbl): 3366 Max pressure during treatment (psi): Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): Type of gas used in treatment: Min frac gradient (psi/ft): 0.81 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): 224253 Rule 805 green completion techniques were utilized: [X]

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 12/22/2011 Hours: 24 Bbl oil: 6 Mcf Gas: 99 Bbl H2O: 3 Calculated 24 hour rate: Bbl oil: 6 Mcf Gas: 99 Bbl H2O: 3 GOR: 16500 Test Method: Flowing Casing PSI: 520 Tubing PSI: 480 Choke Size: 32 Gas Disposition: SOLD Gas Type: WET Btu Gas: API Gravity Oil: 60 Tubing Size: 2 + 1/16 Tubing Setting Depth: 7412 Tbg setting date: 11/14/2011 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: 6/21/2012 Email arawson@nobleenergyinc.com  
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### **Attachment Check List**

Att Doc Num	Name
400298316	FORM 5A SUBMITTED
400298329	WELLBORE DIAGRAM

Total Attach: 2 Files

### **General Comments**

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

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)