

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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400312981

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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 05-123-27392-00  
6. County: WELD  
7. Well Name: KODAK  
Well Number: 34-45  
8. Location: QtrQtr: NESE Section: 34 Township: 6N Range: 67W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 11/07/2011 End Date: 11/07/2011 Date of First Production this formation: 11/29/2007

Perforations Top: 7180 Bottom: 7204 No. Holes: 96 Hole size: 0.42

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

Re-Frac'd Codell w/ 143387 gals of slick Water, vistar, and 15% HCl with 239338#'s of ottawa sand.

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

Total fluid used in treatment (bbl): 3414 Max pressure during treatment (psi): 3788

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

Type of gas used in treatment: Min frac gradient (psi/ft): 0.83

Total acid used in treatment (bbl): 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): 239338 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: NIOBARRA-CODELL Status: PRODUCING Treatment Type: \_\_\_\_\_

Treatment Date: 11/07/2011 End Date: 11/07/2011 Date of First Production this formation: \_\_\_\_\_

Perforations Top: 6870 Bottom: 7204 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: \_\_\_\_\_ Min 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: 12/23/2011 Hours: 24 Bbl oil: 35 Mcf Gas: 249 Bbl H2O: 9

Calculated 24 hour rate: Bbl oil: 35 Mcf Gas: 249 Bbl H2O: 9 GOR: 7114

Test Method: Flowing Casing PSI: 780 Tubing PSI: 696 Choke Size: 16

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1313 API Gravity Oil: 50

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7160 Tbg setting date: 11/11/2011 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.

FORMATION: NIOBRARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION  
Treatment Date: 11/07/2011 End Date: 11/07/2011 Date of First Production this formation: 12/19/2011  
Perforations Top: 6870 Bottom: 7004 No. Holes: 48 Hole size: 0.72

Provide a brief summary of the formation treatment:

Open Hole: ☐

Frac'd Niobrara w/ 161524 gals of slick Water and Vistar with 238716#'s of Ottawa sand.

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

Total fluid used in treatment (bbl): 3846

Max pressure during treatment (psi): 4609

Total gas used in treatment (mcf): 0

Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment:

Min frac gradient (psi/ft): 0.90

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): 238716

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: Andrea Rawson

Title: Regulatory Specialist Date: 8/6/2012 Email: arawson@nobleenergyinc.com

#### Attachment Check List

Att Doc Num	Name
400312981	FORM 5A SUBMITTED
400312982	WELLBORE DIAGRAM

Total Attach: 2 Files

#### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)