

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:

400232822

Date Received:

12/15/2011

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 05-123-24866-00
6. County: WELD
7. Well Name: WEBB H Well Number: 32-7
8. Location: QtrQtr: SWNE Section: 32 Township: 3N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type:
Treatment Date: 08/03/2011 End Date: Date of First Production this formation:
Perforations Top: 7249 Bottom: 7235 No. Holes: 56 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐

Codell perms 7239-7249.(56 holes).
Re-Frac'd Codell w/ 123,908 gals of Vistar with 245,630#'s of Ottawa sand.
Commingled Codell and Niobrara.

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: 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: _____

Treatment Date: 08/03/2011 End Date: _____ Date of First Production this formation: 08/17/2011

Perforations Top: 7062 Bottom: 7249 No. Holes: 116 Hole size: 0.42

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: 09/01/2011 Hours: 24 Bbl oil: 7 Mcf Gas: 36 Bbl H2O: 7

Calculated 24 hour rate: Bbl oil: 7 Mcf Gas: 36 Bbl H2O: 7 GOR: 5143

Test Method: Flowing Casing PSI: 700 Tubing PSI: 650 Choke Size: 36

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1316 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7220 Tbg setting date: 08/10/2011 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: _____
Treatment Date: 08/03/2011 End Date: _____ Date of First Production this formation: _____
Perforations Top: 7062 Bottom: 7077 No. Holes: 60 Hole size: 0.42
Provide a brief summary of the formation treatment: _____ Open Hole: ☐

Re-Frac Codell well. Will commingle later.

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: _____ 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: 12/15/2011 Email: arawson@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400232822	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Combined 2nd 5A. Niobrara TA for less than a month. ok to pass.	11/6/2012 9:47:31 AM
Permit	Contacted opr about missing information.	4/16/2012 3:06:01 PM
Permit	Needs third panel for returning to niobrara and data for that panel. Opr notified. On hold.	1/18/2012 2:31:59 PM
Permit	Corrected data panels to reflect treatment date to NB-CD after re-frac to Codell. Opr notified.	1/12/2012 11:31:34 AM

Total: 4 comment(s)