

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:

400233878

Date Received:

12/19/2011

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 05-123-16792-00
6. County: WELD
7. Well Name: FRAN
Well Number: E 25-4
8. Location: QtrQtr: NWNW Section: 25 Township: 6N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: TEMPORARILY ABANDONED Treatment Type:
Treatment Date: 08/12/2011 End Date: Date of First Production this formation:
Perforations Top: 6950 Bottom: 6964 No. Holes: 60 Hole size:
Provide a brief summary of the formation treatment: Open Hole: ☐

Codell under sand plug @ 6845.

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: Will be commingled at a later date.

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: NIOBARARA Status: PRODUCING Treatment Type: _____
Treatment Date: 08/12/2011 End Date: _____ Date of First Production this formation: 08/14/2011
Perforations Top: 6644 Bottom: 6786 No. Holes: 96 Hole size: 0.25

Provide a brief summary of the formation treatment:

Open Hole: ☐

Frac'd Niobrara w/ 152,236 gals of Slick Water, Vistar, and 15% HCl with 249,000#'s of Ottawa sand.

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: 08/19/2011 Hours: 24 Bbl oil: 26 Mcf Gas: 206 Bbl H2O: 20

Calculated 24 hour rate: Bbl oil: 26 Mcf Gas: 206 Bbl H2O: 20 GOR: 7923

Test Method: Flowing Casing PSI: 260 Tubing PSI: 0 Choke Size: 14

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1259 API Gravity Oil: 58

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: 12/19/2011 Email arawson@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400233878	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Ok, since Codell and Niobrara re common source.	11/19/2012 2:58:01 PM
Permit	Opr requesting the file for the form 2.	2/14/2012 3:04:35 PM
Permit	On hold for a form 2 recompletion to this formation.	1/27/2012 1:50:17 PM

Total: 3 comment(s)