

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:

400380986

Date Received:

03/27/2013

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: JEAN MUSE-REYNOLDS

Phone: (303) 228-4316

Fax: (303) 228-4286

5. API Number 05-123-35767-00

7. Well Name: LORENZ F

8. Location: QtrQtr: NENE

Section: 22

Township: 5N

Range: 65W

Meridian: 6

9. Field Name: WATTENBERG

Field Code: 90750

6. County: WELD

Well Number: 22-17D

Completed Interval

FORMATION: <u>CODELL</u>		Status: <u>COMMINGLED</u>		Treatment Type: <u>FRACTURE STIMULATION</u>	
Treatment Date: <u>11/15/2012</u>		End Date: <u>11/15/2012</u>		Date of First Production this formation: <u>12/02/2012</u>	
Perforations	Top: <u>7072</u>	Bottom: <u>7088</u>	No. Holes: <u>56</u>	Hole size: <u>0.43</u>	

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

PUMPED 244453# OTTAWA SAND DOWNHOLE in 103529gals of SilverStim/GELLED/SLICK/RECYCLED/FRESH WATER
 CODELL IS PRODUCING THROUGH COMPOSITE FLOW-THROUGH PLUG
 FLOWBACK VOLUMES REPORTED ON NIOBRARA PANEL

This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Total fluid used in treatment (bbl): <u>2465</u>	Max pressure during treatment (psi): <u>4730</u>	
Total gas used in treatment (mcf): <u>0</u>	Fluid density at initial fracture (lbs/gal): <u>8.34</u>	
Type of gas used in treatment: _____	Min frac gradient (psi/ft): <u>0.76</u>	
Total acid used in treatment (bbl): <u>0</u>	Number of staged intervals: <u>6</u>	
Recycled water used in treatment (bbl): <u>263</u>	Flowback volume recovered (bbl): _____	
Fresh water used in treatment (bbl): <u>2202</u>	Disposition method for flowback: <u>RECYCLE</u>	
Total proppant used (lbs): <u>244453</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: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____
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** Bridge Plug Depth: _____
 ** Sacks cement on top: _____
 ** Wireline and Cement Job Summary must be attached.

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type: _____
Treatment Date: _____ End Date: _____ Date of First Production this formation: 12/02/2012
Perforations Top: 6774 Bottom: 7088 No. Holes: 104 Hole size: 0.43
Provide a brief summary of the formation treatment: _____ Open Hole: ☐

FLOWBACK VOLUMES REPORTED ON NIOBRARA PANEL
CODELL IS PRODUCING THROUGH COMPOSITE FLOW-THROUGH PLUG

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: 12/18/2012 Hours: 24 Bbl oil: 10 Mcf Gas: 5 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 10 Mcf Gas: 5 Bbl H2O: 0 GOR: 500
Test Method: FLOWING Casing PSI: 190 Tubing PSI: 0 Choke Size: 16/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1223 API Gravity Oil: 55
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: 11/15/2012 End Date: 11/16/2012 Date of First Production this formation: 12/02/2012
Perforations Top: 6774 Bottom: 6916 No. Holes: 48 Hole size: 0.69
Provide a brief summary of the formation treatment: Open Hole: ☐

PUMPED 236268# OTTAWA SAND DOWNHOLE in 167652gals of SilverStim/GELLED/SLICK/RECYCLED/FRESH WATER
FLOWBACK VOLUMES REPORTED ON NIOBRARA PANEL
CODELL IS PRODUCING THROUGH COMPOSITE FLOW-THROUGH PLUG

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

Total fluid used in treatment (bbl): 3992 Max pressure during treatment (psi): 5043
Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.34
Type of gas used in treatment: Min frac gradient (psi/ft): 0.93
Total acid used in treatment (bbl): 0 Number of staged intervals: 7
Recycled water used in treatment (bbl): 257 Flowback volume recovered (bbl): 304
Fresh water used in treatment (bbl): 3735 Disposition method for flowback: RECYCLE
Total proppant used (lbs): 236268 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: JEAN MUSE-REYNOLDS
Title: REGULATORY COMPLIANCE Date: 3/27/2013 Email: jmuse@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400380986	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)