

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:

400312339

Date Received:

10/08/2012

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: Tania McNutt
Phone: (303) 228-4392
Fax: (303) 228-4286

5. API Number 05-045-17158-00
6. County: GARFIELD
7. Well Name: BATTLEMENT MESA
Well Number: 34-31B (34F)
8. Location: QtrQtr: SENW Section: 34 Township: 7S Range: 95W Meridian: 6
9. Field Name: PARACHUTE Field Code: 67350

Completed Interval

FORMATION: CAMEO Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 07/06/2012 End Date: 07/06/2012 Date of First Production this formation: 07/17/2012

Perforations Top: 8722 Bottom: 9081 No. Holes: 40 Hole size: 34/100

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

Frac 750 gal of 7.5% HCL, 84,437 gal of 2% KCL, 89,000 lbs of White Sand, and 24,700 lbs of Prime Plus

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

Total fluid used in treatment (bbl): 2099 Max pressure during treatment (psi): 7116

Total gas used in treatment (mcf): 1897 Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment: CARBON DIOXIDE Min frac gradient (psi/ft): 0.53

Total acid used in treatment (bbl): 18 Number of staged intervals: 1

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): 113700 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: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: 07/17/2012

Perforations Top: 7504 Bottom: 9081 No. Holes: 168 Hole size: 34/100

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: 07/19/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 1403 Bbl H2O: 340

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1403 Bbl H2O: 340 GOR: 0

Test Method: FLOWING Casing PSI: 130 Tubing PSI: 1180 Choke Size: 18/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 944 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8933 Tbg setting date: 07/13/2012 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: WILLIAMS FORK Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 07/06/2012 End Date: 07/08/2012 Date of First Production this formation: 07/15/2012

Perforations Top: 7504 Bottom: 8637 No. Holes: 128 Hole size: 34/100

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

Frac 3,750 gal of 7.5% HCL, 1,836,450 gal of 2% KCL, 524,800 lbs of White Sand, and 113,700 lbs of Prime Plus

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

Total fluid used in treatment (bbl): 45679 Max pressure during treatment (psi): 9196

Total gas used in treatment (mcf): 12143 Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment: CARBON DIOXIDE Min frac gradient (psi/ft): 0.59

Total acid used in treatment (bbl): 89 Number of staged intervals: 5

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): 638500 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: Tania McNutt

Title: Regulatory Analyst Date: 10/8/2012 Email: tmcnutt@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400312339	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	approved form 5A with corrected perf intervals. oper. not in compliance with fracfocus report but is working on getting report submitted.	4/16/2013 8:55:50 AM
Permit	Re-req'd clarification of perforations and fm. tops. Oper. not in compliance with fracfocus report.	4/12/2013 9:28:02 AM
Permit	re-req'd info from Cheryl J.	1/18/2013 8:02:16 AM
Permit	on hold pending report to FracFocus. req'd WBD. need producing interval for Williams Fork adjusted: top Cameo at 8662' on form 5.	12/7/2012 1:41:39 PM

Total: 4 comment(s)