

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:

400396082

Date Received:

03/28/2013

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: Eileen Roberts

Phone: (303) 2284330

Fax: (303) 2284286

5. API Number 05-123-34890-00

7. Well Name: BALL RANCH

6. County: WELD

Well Number: AC15-04

8. Location: QtrQtr: NWNW

Section: 15

Township: 7N

Range: 63W

Meridian: 6

9. Field Name: WILDCAT

Field Code: 99999

Completed Interval

FORMATION: LYONS

Status: PRODUCING

Treatment Type:

Treatment Date:

End Date:

Date of First Production this formation: 07/11/2012

Perforations

Top: 8664

Bottom: 8670

No. Holes: 24

Hole size: 0.41

Provide a brief summary of the formation treatment:

Open Hole: ☐

No treatment.

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: 07/20/2011

Hours: 24

Bbl oil: 150

Mcf Gas: 0

Bbl H2O: 0

Calculated 24 hour rate:

Bbl oil: 150

Mcf Gas: 0

Bbl H2O: 0

GOR: 0

Test Method: FLOWING

Casing PSI: 0

Tubing PSI: 0

Choke Size: 064/64

Gas Disposition:

Gas Type:

Btu Gas: 0

API Gravity Oil: 43

Tubing Size: 2 + 7/8

Tubing Setting Depth: 8516

Tbg setting date: 08/10/2012

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.

Comment:

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I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Eileen Roberts _____

Title: Regulatory Specialist Date: 3/28/2013 Email: eroberts@nobleenergyinc.com
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Attachment Check List

Att Doc Num	Name
400396082	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)