

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:

400406186

Date Received:

04/29/2013

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: Julie Webb  
Phone: (720) 587-2316  
Fax:

5. API Number 05-045-17159-00  
6. County: GARFIELD  
7. Well Name: BATTLEMENT MESA  
Well Number: 34-31C  
8. Location: QtrQtr: SENW Section: 34 Township: 7S Range: 95W Meridian: 6  
9. Field Name: RULISON Field Code: 75400

Completed Interval

FORMATION: CAMEO Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 11/10/2012 End Date: 11/12/2012 Date of First Production this formation: 11/24/2012

Perforations Top: 8704 Bottom: 9030 No. Holes: 42 Hole size: 34/100

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

Frac 200 bbls of 7.5% HCL, 185,500 lbs White Sand, 45,000 lbs Prime Plus

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

Total fluid used in treatment (bbl): 4550 Max pressure during treatment (psi): 8671

Total gas used in treatment (mcf): 13 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): 200 Number of staged intervals: 2

Recycled water used in treatment (bbl): 374 Flowback volume recovered (bbl): 1455

Fresh water used in treatment (bbl): 4176 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 230500 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: FRACTURE STIMULATION

Treatment Date: 11/10/2012 End Date: 11/14/2012 Date of First Production this formation: 11/24/2012

Perforations Top: 7437 Bottom: 9030 No. Holes: 166 Hole size: 0.34 +

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](http://FracFocus.org)**

**Test Information:**

Date: 11/26/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 1091 Bbl H2O: 370

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1091 Bbl H2O: 370 GOR: 1091

Test Method: Flowing Casing PSI: 1470 Tubing PSI: 1010 Choke Size: 18/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1019 API Gravity Oil: 0

Tubing Size: 3 + 3/4 Tubing Setting Depth: 8896 Tbg setting date: 11/19/2012 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: 11/12/2012 End Date: 11/14/2012 Date of First Production this formation: 11/24/2012

Perforations Top: 7437 Bottom: 8652 No. Holes: 124 Hole size: 34/100

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

Frac 500 bbls of 7.5%HCL, 433,500 lbs White Sand, 109,700 lbs Prime Plus

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

Total fluid used in treatment (bbl): 10682 Max pressure during treatment (psi): 8774

Total gas used in treatment (mcf): 42 Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment: CARBON DIOXIDE Min frac gradient (psi/ft): 0.51

Total acid used in treatment (bbl): 500 Number of staged intervals: 5

Recycled water used in treatment (bbl): 617 Flowback volume recovered (bbl): 3742

Fresh water used in treatment (bbl): 10065 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 543200 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: Julie Webb

Title: Regulatory Analyst Date: 4/29/2013 Email: juliewebb@nobleenergyinc.com

**Attachment Check List**

Att Doc Num	Name
400406186	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)