

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:

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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: Kathleen Mills

Phone: (720) 587-2226

Fax: (303) 228-4286

5. API Number 05-123-16119-00

7. Well Name: WARREN

8. Location: QtrQtr: SWNW

Section: 35

Township: 6N

Range: 65W

Meridian: 6

9. Field Name: WATTENBERG

Field Code: 90750

6. County: WELD

Well Number: E 35-05

Completed Interval

FORMATION: CODELL

Status: COMMINGLED

Treatment Type:

Treatment Date:

End Date:

Date of First Production this formation: 10/12/1992

Perforations Top: 6951

Bottom: 6967

No. Holes: 104

Hole size:

Provide a brief summary of the formation treatment:

Open Hole: ☐

COMMINGLE W/NBBR

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:

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-CODELL Status: PRODUCING Treatment Type: \_\_\_\_\_  
Treatment Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Date of First Production this formation: 02/13/2012  
Perforations Top: 6663 Bottom: 6962 No. Holes: 232 Hole size: \_\_\_\_\_  
Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐

COMMINGLE NBBR & CDL

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: 03/12/2012 Hours: 24 Bbl oil: 9 Mcf Gas: 56 Bbl H2O: 4  
Calculated 24 hour rate: Bbl oil: 9 Mcf Gas: 56 Bbl H2O: 4 GOR: 6222  
Test Method: FLOWING Casing PSI: 800 Tubing PSI: 500 Choke Size: 48/64  
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1267 API Gravity Oil: 47  
Tubing Size: 1.61 Tubing Setting Depth: 6928 Tbg setting date: 04/04/2013 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: 01/24/2012 End Date: 01/24/2012 Date of First Production this formation: 02/13/2012  
Perforations Top: 6663 Bottom: 6801 No. Holes: 128 Hole size: 0.27  
Provide a brief summary of the formation treatment: Open Hole: ☐

PERF'D NIO B 663-6679 AND NIO C 6785-6801. FRAC'D W/159180 GAL VISTAR AND SLICK WATER, 500 GAL 15% HCL AND 249685# OTTWA SAND

This formation is commingled with another formation: ☐ Yes ☒ No  
Total fluid used in treatment (bbl): 3790 Max pressure during treatment (psi): 5115  
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.34  
Type of gas used in treatment: Min frac gradient (psi/ft): 0.91  
Total acid used in treatment (bbl): 12 Number of staged intervals: 1  
Recycled water used in treatment (bbl): 269 Flowback volume recovered (bbl): 772  
Fresh water used in treatment (bbl): 3521 Disposition method for flowback: RECYCLE  
Total proppant used (lbs): 249685 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: 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: Kathleen Mills  
Title: Regulatory Analyst Date: 7/11/2013 Email: kmills@nobleenergyinc.com

**Attachment Check List**

Att Doc Num	Name
400446060	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)