

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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Date Received:

07/22/2013

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 05-123-23279-00  
6. County: WELD  
7. Well Name: STAR O  
Well Number: 15-10  
8. Location: QtrQtr: SESE Section: 15 Township: 4N Range: 67W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 06/20/2012 End Date: 06/20/2012 Date of First Production this formation: 06/21/2012

Perforations Top: 7431 Bottom: 7448 No. Holes: 68 Hole size:

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

Frac'd the Codell w/ 144734 gals of Vistar and Slick Water 15% HCl with 245700#'s of Ottawa sand.

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

Total fluid used in treatment (bbl): 3446 Max pressure during treatment (psi): 3967

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): 0.84

Total acid used in treatment (bbl): 12 Number of staged intervals: 7

Recycled water used in treatment (bbl): 273 Flowback volume recovered (bbl): 860

Fresh water used in treatment (bbl): 3172 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 245700 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: 06/21/2012

Perforations Top: 7120 Bottom: 7448 No. Holes: 116 Hole size: \_\_\_\_\_

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: 07/02/2012 Hours: 24 Bbl oil: 31 Mcf Gas: 200 Bbl H2O: 30

Calculated 24 hour rate: Bbl oil: 31 Mcf Gas: 200 Bbl H2O: 30 GOR: 6451

Test Method: FLOWING Casing PSI: 1310 Tubing PSI: 660 Choke Size: 10/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1254 API Gravity Oil: 54

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7417 Tbg setting date: 06/26/2012 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: NIOBRARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 06/20/2012 End Date: 06/20/2012 Date of First Production this formation: 06/21/2012

Perforations Top: 7120 Bottom: 7312 No. Holes: 48 Hole size:

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

Frac'd the Niobrara w/ 165937 gals of Vistar and Slick Water with 250400#s of Ottawa sand.

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

Total fluid used in treatment (bbl): 3950 Max pressure during treatment (psi): 4699

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.43

Type of gas used in treatment:  Min frac gradient (psi/ft): 0.94

Total acid used in treatment (bbl): 0 Number of staged intervals: 7

Recycled water used in treatment (bbl): 268 Flowback volume recovered (bbl): 860

Fresh water used in treatment (bbl): 3682 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 250400 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: Eileen Roberts

Title: Regulatory Specialist Date: 7/22/2013 Email: eroberts@nobleenergyinc.com

**Attachment Check List**

Att Doc Num	Name
400451636	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)