

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:

400468655

Date Received:

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 05-123-24124-00
6. County: WELD
7. Well Name: SATER USX CC
Well Number: 19-09
8. Location: QtrQtr: NESE Section: 19 Township: 4N Range: 63W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 06/23/2011 End Date: 06/23/2011 Date of First Production this formation: 06/26/2011

Perforations Top: 6716 Bottom: 6725 No. Holes: 36 Hole size: 0.41

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

FRAC'D /124884 GAL VISTAR 20#, 22#, SLICK WATER AND 1000 GAL 15% HCL AND 253419# OTTAWA SAND

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

Total fluid used in treatment (bbl): 2973 Max pressure during treatment (psi): 4142

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): 0.92

Total acid used in treatment (bbl): 24 Number of staged intervals: 7

Recycled water used in treatment (bbl): 275 Flowback volume recovered (bbl): 153

Fresh water used in treatment (bbl): 2698 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 253419 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: J SAND		Status: PLUGGED AND ABANDONED		Treatment Type: _____	
Treatment Date: _____		End Date: _____		Date of First Production this formation: 11/26/2006	
Perforations	Top: 7186	Bottom: 7230	No. Holes: 108	Hole size: 0.42	

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

P&A

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: <input type="checkbox"/>

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: NON-ECONOMIC

Date formation Abandoned: 06/09/2011 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

** Bridge Plug Depth: 6775 ** Sacks cement on top: 2 ** 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: _____
Perforations Top: 6450 Bottom: 6725 No. Holes: 84 Hole size: _____
Provide a brief summary of the formation treatment: _____ Open Hole: ☐

COMMINGLE NB & CD

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: 07/01/2011 Hours: 24 Bbl oil: 116 Mcf Gas: 143 Bbl H2O: 54
Calculated 24 hour rate: Bbl oil: 116 Mcf Gas: 143 Bbl H2O: 54 GOR: 1233
Test Method: FLOWING Casing PSI: 620 Tubing PSI: 0 Choke Size: 12/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1242 API Gravity Oil: 44
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6683 Tbg setting date: 12/08/2011 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: 06/23/2011 End Date: 06/23/2011 Date of First Production this formation: _____

Perforations Top: 6450 Bottom: 6532 No. Holes: 48 Hole size: 0.73

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

PERF'D 6450-6452', 6520-6532'. FRAC'D W/162292 GAL VISTAR AND SLICK WATER AND 234455# OTTAWA SAND

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

Total fluid used in treatment (bbl): 3864 Max pressure during treatment (psi): 4515

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): 0.98

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

Recycled water used in treatment (bbl): 972 Flowback volume recovered (bbl): 153

Fresh water used in treatment (bbl): 2892 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 234455 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: Kathleen Mills

Title: Regulatory Analyst Date: _____ Email: kmills@nobleenergyinc.com

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400468674	WIRELINE JOB SUMMARY

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)