

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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08/15/2013

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: Kathleen Mills  
Phone: (720) 587-2226  
Fax: (303) 228-4286

5. API Number 05-123-22557-00  
6. County: WELD  
7. Well Name: COUFAL P  
Well Number: 34-2JI  
8. Location: QtrQtr: NWNE Section: 34 Township: 3N Range: 67W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/09/2009 End Date: 12/09/2009 Date of First Production this formation: 12/10/2009

Perforations Top: 7323 Bottom: 7336 No. Holes: 52 Hole size: 0.41

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

FRAC'D W/143094 GAL VISTAR, SLICK WATER, 1000 GAL 15% HCL AND 265408# OTTAWA SAND

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

Total fluid used in treatment (bbl): 3407 Max pressure during treatment (psi): 4175

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): 0.77

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

Recycled water used in treatment (bbl): 286 Flowback volume recovered (bbl): 399

Fresh water used in treatment (bbl): 3121 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 265408 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: 12/10/2009  
Perforations Top: 7062 Bottom: 7336 No. Holes: 100 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: 12/18/2009 Hours: 24 Bbl oil: 51 Mcf Gas: 373 Bbl H2O: 48  
Calculated 24 hour rate: Bbl oil: 51 Mcf Gas: 373 Bbl H2O: 48 GOR: 7314  
Test Method: FLOWING Casing PSI: 825 Tubing PSI: 600 Choke Size: 12/64  
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1214 API Gravity Oil: 55  
Tubing Size: 2 + 3/7 Tubing Setting Depth: 7722 Tbg setting date: 01/12/2010 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: 12/09/2009 End Date: 12/09/2009 Date of First Production this formation: 12/10/2009  
Perforations Top: 7062 Bottom: 7127 No. Holes: 48 Hole size: 0.73

Provide a brief summary of the formation treatment:

Open Hole: ☐

PERF'D 7062-7074', 7115-7127'. FRAC'D W/190344 GAL VISTAR AND SLICK WATER AND 237568# OTTAWA SAND

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

Total fluid used in treatment (bbl): 4532

Max pressure during treatment (psi): 5097

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): 0.95

Total acid used in treatment (bbl):

Number of staged intervals: 7

Recycled water used in treatment (bbl): 256

Flowback volume recovered (bbl): 399

Fresh water used in treatment (bbl): 4276

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 237568

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:

SUBMITTED AS A PRODUCTION CORRECTION

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: 8/15/2013 Email: kmills@nobleenergyinc.com

#### Attachment Check List

Att Doc Num Name

400468429 FORM 5A SUBMITTED

Total Attach: 1 Files

#### General Comments

User Group Comment Comment Date

Total: 0 comment(s)