

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:

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 05-123-21086-00
6. County: WELD
7. Well Name: Miller X
Well Number: 31-07JI
8. Location: QtrQtr: SWNE Section: 31 Township: 2N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 08/22/2012 End Date: 08/22/2012 Date of First Production this formation: 08/27/2012

Perforations Top: 7396 Bottom: 7410 No. Holes: 56 Hole size:

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

Frac'd the Codell w/121563 gals of Vistar and Slick Water 15% HCL with 244940#'s of Ottawa sand.

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

Total fluid used in treatment (bbl): 2894 Max pressure during treatment (psi): 3585

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): 0.82

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

Recycled water used in treatment (bbl): 251 Flowback volume recovered (bbl): 534

Fresh water used in treatment (bbl): 2619 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 244940 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-NIOBRARA-CODELL Status: PRODUCING Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: 10/17/2002

Perforations Top: 7168 Bottom: 7875 No. Holes: 142 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: 09/07/2012 Hours: 24 Bbl oil: 28 Mcf Gas: 38 Bbl H2O: 89

Calculated 24 hour rate: Bbl oil: 28 Mcf Gas: 38 Bbl H2O: 89 GOR: 1357

Test Method: FLOWING Casing PSI: 1400 Tubing PSI: 1243 Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1168 API Gravity Oil: 49

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7391 Tbg setting date: 09/11/2012 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: J SAND		Status: COMMINGLED		Treatment Type: _____	
Treatment Date: _____		End Date: _____		Date of First Production this formation: 10/17/2002	
Perforations	Top: 7844	Bottom: 7875	No. Holes: 38	Hole size: _____	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
This formation is commingled with another formation:			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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					
<u>Test Information:</u>					
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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
Date formation Abandoned: _____	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: 08/22/2012 End Date: 08/22/2012 Date of First Production this formation: 08/27/2012

Perforations Top: 7168 Bottom: 7260 No. Holes: 48 Hole size:

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

Fracd the Niobrara w/ 162513 gals of Vistar and Slick Water with 250440#'s of Ottawa sand.

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

Total fluid used in treatment (bbl): 3869 Max pressure during treatment (psi): 4473

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): 0.87

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

Recycled water used in treatment (bbl): 266 Flowback volume recovered (bbl): 534

Fresh water used in treatment (bbl): 3602 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 250440 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: Email: eroberts@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)