

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



| | | | |
|----|----|----|----|
| DE | ET | OE | ES |
|----|----|----|----|

Document Number:

400516055

Date Received:

11/20/2013

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

Email: kmills@nobleenergyinc.com

5. API Number 05-123-26062-00

7. Well Name: HOLLAR

8. Location: QtrQtr: SWSE Section: 30 Township: 7N Range: 66W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: 30-43

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type:

Treatment Date: End Date: Date of First Production this formation:

Perforations Top: 7402 Bottom: 7418 No. Holes: 64 Hole size: 0.42

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: 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: 03/27/2012
Perforations Top: 7096 Bottom: 7418 No. Holes: 128 Hole size: 0.73
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: 03/30/2012 Hours: 24 Bbl oil: 100 Mcf Gas: 0 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 100 Mcf Gas: 0 Bbl H2O: 0 GOR: 0
Test Method: FLOWING Casing PSI: 594 Tubing PSI: 437 Choke Size: 36/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1301 API Gravity Oil: 44
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7387 Tbg setting date: 03/27/2012 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: 03/07/2012 End Date: 03/19/2012 Date of First Production this formation: 02/17/2012
Perforations Top: 7096 Bottom: 7238 No. Holes: 64 Hole size: 0.73
Provide a brief summary of the formation treatment: Open Hole: ☐

3/7/2012 FRAC'D 7096-7238' W/ 2898 GAL SLICK WATER; 3/19/2012 FRAC'D 7096-7222' W/155587 GAL VISTAR AND SLICK WATER, 2000 GAL 15% HCL AND 246792# OTTAWA SAND

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

Total fluid used in treatment (bbl): 3704 Max pressure during treatment (psi): 4405
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): 0.87
Total acid used in treatment (bbl): 50 Number of staged intervals: 8
Recycled water used in treatment (bbl): 197 Flowback volume recovered (bbl): 728
Fresh water used in treatment (bbl): 3457 Disposition method for flowback: RECYCLE
Total proppant used (lbs): 246792 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: 11/20/2013 Email: kmills@nobleenergyinc.com

Attachment Check List

Att Doc Num Name

400516055 FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

| User Group | Comment | Comment Date |
|------------|--|---------------------------|
| Permit | Corrected volume of fresh water. Added Codell Commingled panel to delete Codell Producing status. Ready to pass. | 12/18/2013 12:46:04 PM |

Total: 1 comment(s)