

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:

400588168

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  
Email: eroberts@nobleenergyinc.com

5. API Number 05-123-35855-00  
6. County: WELD  
7. Well Name: BETHYL  
Well Number: GW30-16  
8. Location: QtrQtr: SESE Section: 30 Township: 8N Range: 63W Meridian: 6  
9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: LYONS Status: PRODUCING Treatment Type:

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

Perforations Top: 0 Bottom: 0 No. Holes: 0 Hole size:

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

This well is a natural completion.  
No treatment

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: 10/16/2013 Hours: 24 Bbl oil: 134 Mcf Gas: 0 Bbl H2O: 8

Calculated 24 hour rate: Bbl oil: 134 Mcf Gas: 0 Bbl H2O: 0 GOR: 0

Test Method: FLOWING Casing PSI: 0 Tubing PSI: 0 Choke Size:

Gas Disposition: SOLD Gas Type: WET Btu Gas: 10725 API Gravity Oil: 39

Tubing Size: 2 + 7/8 Tubing Setting Depth: 8812 Tbg setting date: 09/29/2013 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:

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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 \_\_\_\_\_

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### **Attachment Check List**

| <b><u>Att Doc Num</u></b> | <b><u>Name</u></b> |
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Total Attach: 0 Files

### **General Comments**

| <b><u>User Group</u></b> | <b><u>Comment</u></b> |
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