

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:

400446817

Date Received:

07/12/2013

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 05-123-16858-00
6. County: WELD
7. Well Name: MILLER B
Well Number: 32-6
8. Location: QtrQtr: SENW Section: 32 Township: 5N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type:
Treatment Date: End Date: Date of First Production this formation: 01/21/1994
Perforations Top: 6952 Bottom: 6965 No. Holes: 52 Hole size: 0.26

Provide a brief summary of the formation treatment:

Open Hole: ☐

COMMINGLE W/NBBR

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: 04/04/2012

Perforations Top: 6658 Bottom: 6965 No. Holes: 180 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: 04/16/2012 Hours: 24 Bbl oil: 2 Mcf Gas: 9 Bbl H2O: 1

Calculated 24 hour rate: Bbl oil: 2 Mcf Gas: 9 Bbl H2O: 1 GOR: 4500

Test Method: FLOWING Casing PSI: 2100 Tubing PSI: 900 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1282 API Gravity Oil: 60

Tubing Size: 1.66 Tubing Setting Depth: 6930 Tbg setting date: 03/28/2012 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: 03/18/2012 End Date: 03/18/2012 Date of First Production this formation: 04/04/2012

Perforations Top: 6658 Bottom: 6780 No. Holes: 128 Hole size: 0.27

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

PERF'S 6658-6674 AND 6764-6780. FRAC'D W/ 161322 GAL VISTAR AND SLICK WTER, 500 GAL 15% HCl AND 252470# OTTAWA SAND

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

Total fluid used in treatment (bbl): 3853

Max pressure during treatment (psi): 5446

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): 12

Number of staged intervals: 1

Recycled water used in treatment (bbl): 272

Flowback volume recovered (bbl): 552

Fresh water used in treatment (bbl): 3569

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 252470

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: 7/12/2013 Email: kmills@nobleenergyinc.com

Attachment Check List

Att Doc Num **Name**

400446817 FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Operator verified 14/64 choke size and date first production NBRR-CODL as 4/4/2012. Input data into form.	2/10/2015 7:40:04 AM
Permit	Contacted operator to: 1) Verify choke size (currently ""0/64""). 2) Verify date first production NBRR-CODL	2/5/2015 3:41:56 PM

Total: 2 comment(s)