

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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Date Received:

04/10/2014

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: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: LYONS Status: PRODUCING Treatment Type:
Treatment Date: End Date: Date of First Production this formation: 09/23/2013
Perforations Top: 8826 Bottom: 8834 No. Holes: 32 Hole size: 41/100

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: 8 GOR: 0
Test Method: FLOWING Casing PSI: 0 Tubing PSI: 0 Choke Size:
Gas Disposition: SOLD Gas Type: WET Btu Gas: 0 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:

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: 4/10/2014

Email: eroberts@nobleenergyinc.com

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Attachment Check List

Att Doc Num

Name

400588168

FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

Permit	Per operator: 1) Date of 1st prod. is 9/23/2013 2) 32 perforations from 8826-8834 3) 8 bbl water produced 4) BTU gas should be blank. 5) Choke was open during test. Changes have been input into form.	3/18/2015 2:48:17 PM
Permit	Changed field name to Wattenberg. 1) Date of 1st prod. Blank (Form 10 lists 9/23/2013). 2) What is the Prod. Interval? Are there any perforations? 3) Was water produced during the test? (lists 8 and also 0). 4) BTU gas has a value, but no gas was produced. Verify.	2/20/2015 1:53:01 PM

Total: 2 comment(s)