

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: Julie Webb

Phone: (720) 587-2223

Fax:

Email: jwebb@progressivepcs.net

5. API Number 05-123-22216-00

7. Well Name: FLATHEAD I

6. County: WELD

Well Number: 35-12

8. Location: QtrQtr: SWNW

Section: 35

Township: 6N

Range: 66W

Meridian: 6

9. Field Name: WATTENBERG

Field Code: 90750

Completed Interval

FORMATION: CODELL

Status: COMMINGLED

Treatment Type: FRACTURE STIMULATION

Treatment Date: 06/06/2011

End Date: 06/06/2011

Date of First Production this formation: 11/30/2005

Perforations

Top: 7330

Bottom: 7346

No. Holes: 64

Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐

6/17/2011 Codell refrac: Ottawa 251794, 3376 bbls slurry

This formation is commingled with another formation:

☒ Yes ☐ No

Total fluid used in treatment (bbl): 6480

Max pressure during treatment (psi): 4222

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): 0

Number of staged intervals: 7

Recycled water used in treatment (bbl): 0

Flowback volume recovered (bbl):

Fresh water used in treatment (bbl): 3104

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 251794

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: 06/17/2011	
Perforations	Top: 7032	Bottom: 7346	No. Holes: 102	Hole size: _____	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
This formation is commingled with another formation:			<input type="checkbox"/> Yes <input checked="" 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: 06/17/2011	Hours: 24	Bbl oil: 38	Mcf Gas: 173	Bbl H2O: 21	
Calculated 24 hour rate:	Bbl oil: 38	Mcf Gas: 173	Bbl H2O: 21	GOR: 4552	
Test Method: Flowing	Casing PSI: 250	Tubing PSI: _____	Choke Size: 14/64		
Gas Disposition: SOLD	Gas Type: WET	Btu Gas: 1320	API Gravity Oil: 38		
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: 06/06/2011 End Date: 06/06/2011 Date of First Production this formation: 06/17/2011

Perforations Top: 7032 Bottom: 7162 No. Holes: 48 Hole size:

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

Niobrara Frac'd with: Ottawa 257030 lb sand, 3882 bbl slurry, 23 bbl HCL 15%

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

Total fluid used in treatment (bbl): 7487 Max pressure during treatment (psi): 4680

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): 1.00

Total acid used in treatment (bbl): 23 Number of staged intervals: 7

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl):

Fresh water used in treatment (bbl): 3605 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 257030 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:

The form 5A is being submitted to update the NCOM status. No flowback volume: well was completed prior to the requirement.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: Print Name: Julie Webb

Title: Regulatory Analyst Date: Email: jwebb@progressivepcs.net

Attachment Check List

Att Doc Num Name

Total Attach: 0 Files

General Comments

User Group Comment Comment Date

Total: 0 comment(s)