

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:

400510390

Date Received:

11/11/2013

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: eroberts@nobleenergyinc.com

5. API Number 05-123-29656-00
6. County: WELD
7. Well Name: FLOCKHART
Well Number: 12-43(DIR)
8. Location: QtrQtr: SWSE Section: 12 Township: 6N Range: 67W Meridian: 6
9. Field Name: SEVERANCE Field Code: 77030

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 01/24/2012 End Date: 01/24/2012 Date of First Production this formation: 01/26/2012

Perforations Top: 7414 Bottom: 7432 No. Holes: 72 Hole size: 0.4

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

9 stages:FRAC'D W/ 206256 GAL SLICK WATER, 500 GAL 15% HCL AND 148584# OTTAWA SAND

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

Total fluid used in treatment (bbl): 4911 Max pressure during treatment (psi): 5400

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): 0.88

Total acid used in treatment (bbl): 12 Number of staged intervals: 9

Recycled water used in treatment (bbl): 161 Flowback volume recovered (bbl): 790

Fresh water used in treatment (bbl): 4750 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 148584 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: 01/26/2012	
Perforations	Top: 7095	Bottom: 7432	No. Holes: 120	Hole size: _____	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
COMMINGLE NB & CD					
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: 02/03/2012	Hours: 24	Bbl oil: 81	Mcf Gas: 100	Bbl H2O: 10	
Calculated 24 hour rate:	Bbl oil: 81	Mcf Gas: 100	Bbl H2O: 10	GOR: 1235	
Test Method: FLOWING	Casing PSI: 216	Tubing PSI: 180	Choke Size: 16/64		
Gas Disposition: SOLD	Gas Type: WET	Btu Gas: 1304	API Gravity Oil: 45		
Tubing Size: 2 + 3/8	Tubing Setting Depth: 7398	Tbg setting date: 02/29/2012	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: 01/24/2012		End Date: 01/24/2012		Date of First Production this formation: 01/26/2012	
Perforations Top: 7095		Bottom: 7239		No. Holes: 48 Hole size: 0.69	
Provide a brief summary of the formation treatment:				Open Hole: <input type="checkbox"/>	
7 stages: PERF'D 7095-7107', 7227-7239', FRAC'D W/ 198499 GAL SLICK WATER AND 126157# OTTAWA SAND.					
This formation is commingled with another formation:				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Total fluid used in treatment (bbl): 4726		Max pressure during treatment (psi): 5517			
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): 0.93			
Total acid used in treatment (bbl):		Number of staged intervals: 7			
Recycled water used in treatment (bbl): 136		Flowback volume recovered (bbl): 790			
Fresh water used in treatment (bbl): 4590		Disposition method for flowback: RECYCLE			
Total proppant used (lbs): 126157		Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/>			
Reason why green completion not utilized: _____					
Fracture stimulations must be reported on FracFocus.org					
<u>Test Information:</u>					
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: <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.			

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: 11/11/2013	Email: eroberts@nobleenergyinc.com	

Attachment Check List

Att Doc Num	Name
400510390	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
Permit	Req'd corrected Form 7 to start from month of spud: 11/2011	7/22/2016 7:11:59 AM

Total: 1 comment(s)