

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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 05-123-22631-00
6. County: WELD
7. Well Name: CRAVEN
Well Number: 15-22
8. Location: QtrQtr: SWSE Section: 22 Township: 4N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J SAND Status: PRODUCING Treatment Type:

Treatment Date: End Date: Date of First Production this formation: 11/14/2005

Perforations Top: 7556 Bottom: 7618 No. Holes: 124 Hole size: 0.38

Provide a brief summary of the formation treatment: Open Hole: [ ]

2/6/2008, REMOVE RBP ANDCOMMINGLE WITH NB-CD

This formation is commingled with another formation: [X] Yes [ ] No

Total fluid used in treatment (bbl):
Total gas used in treatment (mcf):
Type of gas used in treatment:
Total acid used in treatment (bbl):
Recycled water used in treatment (bbl):
Fresh water used in treatment (bbl):
Total proppant used (lbs):
Max pressure during treatment (psi):
Fluid density at initial fracture (lbs/gal):
Min frac gradient (psi/ft):
Number of staged intervals:
Flowback volume recovered (bbl):
Disposition method for flowback:
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: 02/08/2012

Perforations Top: 6817 Bottom: 7095 No. Holes: 126 Hole size: \_\_\_\_\_

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

COMMINGLE NB-CD

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: 02/26/2012 Hours: 24 Bbl oil: 8 Mcf Gas: 201 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 8 Mcf Gas: 201 Bbl H2O: 0 GOR: 25125

Test Method: FLOWING Casing PSI: 342 Tubing PSI: \_\_\_\_\_ Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1172 API Gravity Oil: 63

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7049 Tbg setting date: 12/29/2009 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: 4/6/2015 Email: eroberts@nobleenergyinc.com

**Attachment Check List**

Att Doc Num	Name
400820511	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

User Group	Comment	Comment Date
Permit	Corrected NB-CD prod. interval depths.	10/24/2016 3:56:13 PM

Total: 1 comment(s)