

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:

401182432

Date Received:

01/11/2017

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: <u>100322</u>	4. Contact Name: <u>Julie Webb</u>
2. Name of Operator: <u>NOBLE ENERGY INC</u>	Phone: <u>(720) 587-2223</u>
3. Address: <u>1625 BROADWAY STE 2200</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>jwebb@progressivepcs.net</u>

5. API Number <u>05-123-26645-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>JOHNSON A</u>	Well Number: <u>13-15</u>
8. Location: QtrQtr: <u>SWSE</u> Section: <u>13</u> Township: <u>6N</u> Range: <u>64W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: CODELL Status: TEMPORARILY ABANDONED Treatment Type: _____
Treatment Date: _____ End Date: _____ Date of First Production this formation: 02/29/2008
Perforations Top: 6788 Bottom: 6801 No. Holes: 52 Hole size: 0.41
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: _____ 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: 2 + 3/8 Tubing Setting Depth: 6770 Tbg setting date: 09/29/2015 Packer Depth: _____

Reason for Non-Production:

The well is closed to the atmosphere via a RBP bridge plug set at 6726' on 3/10/2015 for an off-set frac. Noble will return the well to production once the off-set frac is complete and a rig is available. Noble will run an MIT if the well is still TA'd after two years. The RBP was set through tubing, invoiced attached

Date formation Abandoned: 03/10/2015 Squeeze: Yes No If yes, number of sacks cmt _____
** Bridge Plug Depth: 6726 ** Sacks cement on top: _____ ** Wireline and Cement Job Summary must be attached.

Comment:

The form 5A is being submitted to correct the TA status for the RBP set for an off-set horizontal frac, per the COGCC request from a meeting on 12/14/2016.

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: Senior Regulatory Analyst Date: 1/11/2017 Email: jwebb@progressivepcs.net

Attachment Check List

Att Doc Num	Name
401182432	FORM 5A SUBMITTED
401182450	OPERATIONS SUMMARY

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)