

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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03/31/2010

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 AT  
City: DENVER State: CO Zip: 80202  
4. Contact Name: ANDREA RAWSON  
Phone: (281) 876-6105  
Fax: (281) 876-2503  
Email:

5. API Number 05-123-29614-00  
6. County: WELD  
7. Well Name: OPATRIL P  
Well Number: 12-24  
8. Location: QtrQtr: NWSE Section: 12 Township: 3N Range: 67W Meridian: 6  
9. Field Name: Field Code:

Completed Interval

FORMATION: J-CODELL Status: N/A Treatment Type:  
Treatment Date: 01/11/2010 End Date: Date of First Production this formation:  
Perforations Top: 7272 Bottom: 7752 No. Holes: 140 Hole size: 41/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

CODELL AND J-SAND UNDER SAND PLUG @ 7209

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: 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: J-NIOBRARA-CODELL		Status: N/A		Treatment Type: _____	
Treatment Date: 01/11/2010		End Date: _____		Date of First Production this formation: _____	
Perforations	Top: 7272	Bottom: 7752	No. Holes: 140	Hole size: 41/100	

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

CODELL AND J-SAND UNDER SAND PLUG @ 7209

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: <input type="checkbox"/>

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 Status: PRODUCING Treatment Type: \_\_\_\_\_  
Treatment Date: 01/11/2010 End Date: \_\_\_\_\_ Date of First Production this formation: 01/15/2010  
Perforations Top: 7050 Bottom: 7162 No. Holes: 48 Hole size: 73/100  
Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐

FRAC'D NIOBRARA W/ 176,187 GALS OF SLICK WATER, SILVERSTIM, AND 15% HCl WITH 250,000#S OF OTTAWA SAND.

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](http://FracFocus.org)

**Test Information:**

Date: 01/22/2010 Hours: 24 Bbl oil: 44 Mcf Gas: 155 Bbl H2O: 29  
Calculated 24 hour rate: Bbl oil: 44 Mcf Gas: 155 Bbl H2O: 29 GOR: 3522  
Test Method: FLOWING Casing PSI: 750 Tubing PSI: 0 Choke Size: 10/64  
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1124 API Gravity Oil: 56  
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: \_\_\_\_\_

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

Signed: Y Print Name: ANDREA RAWSON  
Title: REGULATORY SPECIALIST Date: 3/10/2010 Email: ARAWSON@NOBLEENERGYINC.COM

**Attachment Check List**

**Att Doc Num Name**

\_\_\_\_\_  
Total Attach: 0 Files

**General Comments**

**User Group Comment Comment Date**

\_\_\_\_\_  
Stamp Upon Approval

Total: 0 comment(s)