

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:

400271368

Date Received:

04/12/2012

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: Andrea Rawson
Phone: (303) 228-4253
Fax: (303) 228-4286
Email: arawson@nobleenergyinc.com

5. API Number 05-123-34064-00
7. Well Name: VISTA USX
8. Location: QtrQtr: NWNE Section: 33 Township: 1N
9. Field Name: WATTENBERG

6. County: WELD
Well Number: WW33-06D
Range: 66W Meridian: 6
Field Code: 90750

Completed Interval

FORMATION: J SAND Status: PRODUCING Treatment Type:
Treatment Date: 11/14/2011 End Date: Date of First Production this formation: 11/16/2011
Perforations Top: 8415 Bottom: 8440 No. Holes: 72 Hole size:

Provide a brief summary of the formation treatment:

Open Hole: ☐

Frac'd J-Sand w/ 148,890 gals of Slick Water and Silverstim with 280,600#'s of Ottawa sand.
J-Sand producing through composite flow through plug.

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: 12/02/2011 Hours: 24 Bbl oil: 8 Mcf Gas: 5 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 8 Mcf Gas: 5 Bbl H2O: 0 GOR: 625
Test Method: Flowing Casing PSI: 680 Tubing PSI: 0 Choke Size: 10
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1332 API Gravity Oil: 45
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: 11/14/2011 End Date: _____ Date of First Production this formation: 11/16/2011
Perforations Top: 7564 Bottom: 7992 No. Holes: 120 Hole size: _____
Provide a brief summary of the formation treatment: _____ Open Hole: ☐

Niobrara perms 7564-7838 (80 holes) Codell perms 7982-7992 (40 holes),
Frac'd Niobrara and Codell with 389,361 gals of Slick Water, silverstim and 15% HCl with 639,680#'s of Ottawa sand
Commingled Codell and Niobrara.
Codell and Niobrara producing through compoait flow through plug.

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: 12/02/2011 Hours: 24 Bbl oil: 8 Mcf Gas: 5 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 8 Mcf Gas: 5 Bbl H2O: 0 GOR: 625
Test Method: Flowing Casing PSI: 680 Tubing PSI: 0 Choke Size: 10
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1332 API Gravity Oil: 45
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: _____ Print Name: Andrea Rawson

Title: Regulatory Specialist Date: 4/12/2012 Email: arawson@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400271368	COMPLETED INTERVAL REPORT
400291184	FORM 5A SUBMITTED

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)