

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: Julie Webb Phone: (720) 587-2223 Fax: Email: jwebb@progressivepcs.net

5. API Number 05-123-29848-00 6. County: WELD 7. Well Name: JOHNSON G Well Number: 13-27D 8. Location: QtrQtr: SWSE Section: 12 Township: 4N Range: 65W Meridian: 6 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 10/17/2016 End Date: 10/17/2016 Date of First Production this formation: Perforations Top: 7144 Bottom: 7157 No. Holes: 52 Hole size: 0.42

Provide a brief summary of the formation treatment: Open Hole: Codell Refrac: 489267 lbs Ottawa Sand, 586223 gal silverstem and slickwater

This formation is commingled with another formation: [X] Yes [ ] No Total fluid used in treatment (bbl): 13957 Max pressure during treatment (psi): 5042 Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.43 Type of gas used in treatment: Min frac gradient (psi/ft): 0.81 Total acid used in treatment (bbl): 0 Number of staged intervals: 1 Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 1203 Fresh water used in treatment (bbl): 13957 Disposition method for flowback: RECYCLE Total proppant used (lbs): 489267 Rule 805 green completion techniques were utilized: [X] 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: 10/17/2016 End Date: 10/25/2016 Date of First Production this formation: 05/10/2010

Perforations Top: 6902 Bottom: 7157 No. Holes: 124 Hole size: \_\_\_\_\_

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: 11/26/2016 Hours: 24 Bbl oil: 40 Mcf Gas: 339 Bbl H2O: 20

Calculated 24 hour rate: Bbl oil: 40 Mcf Gas: 339 Bbl H2O: 20 GOR: 8475

Test Method: Flowing Casing PSI: 884 Tubing PSI: 452 Choke Size: 16

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1355 API Gravity Oil: 59

Tubing Size: 3 + 7/8 Tubing Setting Depth: 7269 Tbg setting date: 10/28/2016 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: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 10/25/2016 End Date: 10/25/2016 Date of First Production this formation:

Perforations Top: 6902 Bottom: 7086 No. Holes: 72 Hole size: 0.72

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

Niobrara Refrac'd with 497510 lb Ottawa Sand, 528745 gal silverstem and slickwater

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 12589 Max pressure during treatment (psi): 5158

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.43

Type of gas used in treatment: Min frac gradient (psi/ft): 1.02

Total acid used in treatment (bbl): 0 Number of staged intervals: 1

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 1203

Fresh water used in treatment (bbl): 12589 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 497510 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.

Comment:

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: 12/7/2016 Email: jwebb@progressivepcs.net

Attachment Check List

Table with 2 columns: Att Doc Num, Name. Row 1: 401162607, FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group Comment Comment Date

Table with 3 columns: User Group, Comment, Comment Date. Row 1: Stamp Upon Approval

Total: 0 comment(s)