

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:

400518150

Date Received:

11/25/2013

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 05-123-24131-00
6. County: WELD
7. Well Name: Sater USX CC
Well Number: 19-07
8. Location: QtrQtr: SWNE Section: 19 Township: 4N Range: 63W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type:
Treatment Date: End Date: Date of First Production this formation: 11/24/2006
Perforations Top: 6725 Bottom: 6735 No. Holes: 40 Hole size: 0.42
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: 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 SAND Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 09/29/2011 End Date: 09/29/2011 Date of First Production this formation: 10/12/2011

Perforations Top: 7184 Bottom: 7230 No. Holes: 116 Hole size: 0.41

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

FRC'D W/157044 GAL VISTAR AND SLICK WATER, 17590# SB EXCEL AND 259072# OTTAWA SAND

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 3739

Max pressure during treatment (psi): 7183

Total gas used in treatment (mcf):

Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment:

Min frac gradient (psi/ft): 0.58

Total acid used in treatment (bbl): 0

Number of staged intervals: 10

Recycled water used in treatment (bbl): 298

Flowback volume recovered (bbl): 250

Fresh water used in treatment (bbl): 3441

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 27662

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 10/21/2011 Hours: 24 Bbl oil: 5 Mcf Gas: 220 Bbl H2O: 133

Calculated 24 hour rate: Bbl oil: 5 Mcf Gas: 220 Bbl H2O: 133 GOR: 44000

Test Method: FLOWING Casing PSI: 980 Tubing PSI: 480 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1335 API Gravity Oil: 50

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7166 Tbg setting date: 10/05/2011 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: 11/25/2013 Email: eroberts@nobleenergyinc.com

Attachment Check List

Att Doc Num Name

400518150 FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group Comment Comment Date

Permit Operator has stated that they will make corrections to Form 7 reporting. 03/28/2017

Permit Added CODL panel to show formation commingled with another formation. 03/28/2017

Total: 2 comment(s)