

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



Table with columns DE, ET, OE, ES

Document Number: 400911819

Date Received: 04/10/2017

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: 100322
2. Name of Operator: NOBLE ENERGY INC
3. Address: 1625 BROADWAY STE 2200
City: DENVER State: CO Zip: 80202
4. Contact Name: EILEEN ROBERTS
Phone: (303) 228-4330
Fax: (303) 228-4286
Email: eileen.roberts@nblenergy.com

5. API Number 05-123-40925-00
6. County: WELD
7. Well Name: Colt
Well Number: A13-662
8. Location: QtrQtr: SWNW Section: 17 Township: 6N Range: 63W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: FORT HAYS Status: COMMINGLED Treatment Type:

Treatment Date: End Date: Date of First Production this formation:

Perforations Top: 7198 Bottom: 13211 No. Holes: Hole size:

Provide a brief summary of the formation treatment: Open Hole: [X]

Ft. Hays Intervals: 7198-9525, 9706-10481, 12400-13211

This formation is commingled with another formation: [X] Yes [] No

Total fluid used in treatment (bbl):
Total gas used in treatment (mcf):
Type of gas used in treatment:
Total acid used in treatment (bbl):
Recycled water used in treatment (bbl):
Fresh water used in treatment (bbl):
Total proppant used (lbs):
Max pressure during treatment (psi):
Fluid density at initial fracture (lbs/gal):
Min frac gradient (psi/ft):
Number of staged intervals:
Flowback volume recovered (bbl):
Disposition method for flowback:
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: NIOBRARA-FT HAYS Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 08/17/2015 End Date: 08/19/2015 Date of First Production this formation: 09/09/2015

Perforations Top: 7198 Bottom: 13211 No. Holes: Hole size:

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

Frac'd the Ft. Hays- Niobrara w/ 5194872 gals of Silverstim and Slick Water with 5224341#'s of Ottawa sand.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 123687 Max pressure during treatment (psi): 6575

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): 1.05

Total acid used in treatment (bbl): 0 Number of staged intervals: 31

Recycled water used in treatment (bbl): 5775 Flowback volume recovered (bbl): 309

Fresh water used in treatment (bbl): 117912 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 5224341 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 09/16/2015 Hours: 24 Bbl oil: 359 Mcf Gas: 472 Bbl H2O: 665

Calculated 24 hour rate: Bbl oil: 359 Mcf Gas: 472 Bbl H2O: 665 GOR: 1314

Test Method: FLOWING Casing PSI: 4 Tubing PSI: 978 Choke Size: 18/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1364 API Gravity Oil: 42

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6996 Tbg setting date: 09/08/2015 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: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: _____

Perforations Top: 9526 Bottom: 12401 No. Holes: _____ Hole size: _____

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

Niobrara Intervals: 9526-9705, 10481-12401

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.

Comment: _____

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

Signed: _____ Print Name: EILEEN ROBERTS

Title: REGULATORY ANALYST Date: 4/10/2017 Email eileen.roberts@nblenergy.com

Attachment Check List

Att Doc Num	Name
400911819	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Operator made necessary corrections.	04/17/2017
Permit	Perf intervals do not match operator descriptions. Returned to draft.	04/10/2017
Permit	Returned to draft per operator request.	04/10/2017
Permit	Returned to draft per operator request.	03/30/2017
Permit	Wellbore appears to be producing from the Fort Hays Fm. Operator will need to correct 5A formation and Form 7 reporting.	01/09/2017

Total: 5 comment(s)