

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:

401318278

Date Received:

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 05-123-10655-00

7. Well Name: SCHAEFER

8. Location: QtrQtr: SWSE Section: 22 Township: 6N Range: 66W Meridian: 6

9. Field Name: BRACEWELL Field Code: 7487

6. County: WELD

Well Number: 1-22

Completed Interval

FORMATION: CODELL		Status: ABANDONED WELLBORE/COMPLETION		Treatment Type: _____	
Treatment Date: _____		End Date: _____		Date of First Production this formation: 07/01/1982	
Perforations Top: 7172		Bottom: 7185		No. Holes: 68 Hole size: _____	
Provide a brief summary of the formation treatment:				Open Hole: <input type="checkbox"/>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: 2 + 3/8	Tubing Setting Depth: 6790	Tbg setting date: 04/27/2017	Packer Depth: _____	
Reason for Non-Production: <div style="border: 1px solid black; padding: 5px;">The well is closed to the atmosphere via a CIBP set at 7122' on 4/27/2017 for an off-set frac. Noble will return the well to production or Plug and abandon the well once the off-set frac is complete and a rig is available. Noble will run an MIT if the well is still AB after two years.</div>				
Date formation Abandoned: 04/27/2017 Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____				
** Bridge Plug Depth: 7122 ** Sacks cement on top: 2 ** 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: _____ Email: jwebb@progressivepcs.net
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Attachment Check List

Att Doc Num	Name
401318300	OPERATIONS SUMMARY

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)