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|---|--|--|---|----|----|----|----|
| <b>FORM 5A</b><br>Rev 06/12   | <b>State of Colorado</b><br><b>Oil and Gas Conservation Commission</b><br>1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109 |  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table> | DE | ET | OE | ES |
| DE  | ET   | OE   | ES  |    |    |    |    |
| <b>COMPLETED INTERVAL REPORT</b>  |  |  | Document Number:<br>401709658<br><br>Date Received:   |    |    |    |    |
| 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: <u>100322</u><br>2. Name of Operator: <u>NOBLE ENERGY INC</u><br>3. Address: <u>1001 NOBLE ENERGY WAY</u><br>City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77070</u> | 4. Contact Name: <u>LOGAN BOUGHAL</u><br>Phone: <u>(832) 6397447</u><br>Fax: _____<br>Email: <u>LOGAN.BOUGHAL@NBLENERGY.COM</u> |
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|  |   |
|--|---|
| 5. API Number <u>05-123-25759-00</u><br>7. Well Name: <u>HELDT B</u><br>8. Location: QtrQtr: <u>NESW</u> Section: <u>29</u> Township: <u>5N</u><br>9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u> | 6. County: <u>WELD</u><br>Well Number: <u>29-21</u><br>Range: <u>64W</u> Meridian: <u>6</u> |
|--|---|

**Completed Interval**

|  |  |  |
|--|--|--|
| FORMATION: <u>CODELL</u>                             | Status: <u>TEMPORARILY ABANDONED</u>   | Treatment Type: _____                          |
| Treatment Date: _____                                | End Date: _____  | Date of First Production this formation: _____ |
| Perforations      Top: <u>6839</u>                   | Bottom: <u>6851</u>  | No. Holes: <u>48</u> 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: _____       | Tubing Setting Depth: _____ | Tbg setting date: _____ | Packer Depth: _____    |                |

Reason for Non-Production: PA PLANNED

Date formation Abandoned: 04/30/2018   Squeeze:  Yes    No   If yes, number of sacks cmt \_\_\_\_\_

\*\* Bridge Plug Depth: 6548   \*\* Sacks cement on top: 2   \*\* Wireline and Cement Job Summary must be attached.

FORMATION: NIOBRARA-CODELL Status: TEMPORARILY ABANDONED Treatment Type: \_\_\_\_\_

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

Perforations Top: 6574 Bottom: 6851 No. Holes: 252 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: \_\_\_\_\_ 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: PA PLANNED

Date formation Abandoned: 04/20/2018 Squeeze:  Yes  No If yes, number of sacks cmt \_\_\_\_\_

\*\* Bridge Plug Depth: 6548 \*\* Sacks cement on top: 2 \*\* Wireline and Cement Job Summary must be attached.

FORMATION: NIOBRARA Status: TEMPORARILY ABANDONED Treatment Type: \_\_\_\_\_

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

Perforations Top: 6574 Bottom: 6646 No. Holes: 204 Hole size: 0.27

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: PA PLANNED

Date formation Abandoned: 04/20/2018 Squeeze:  Yes  No If yes, number of sacks cmt \_\_\_\_\_

\*\* Bridge Plug Depth: 6548 \*\* 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: LOGAN BOUGHAL

Title: REGULATORY ANALYST II Date: \_\_\_\_\_ Email LOGAN.BOUHGAL@NBLENERGY.COM

**Attachment Check List**

| Att Doc Num | Name |
|-------------|------|
|             |      |

Total Attach: 0 Files

**General Comments**

| User Group | Comment | Comment Date        |
|------------|---------|---------------------|
|            |         | Stamp Upon Approval |

Total: 0 comment(s)