

<b>FORM 5A</b> Rev 06/12	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 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: 401842268  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> 2. Name of Operator: <u>NOBLE ENERGY INC</u> 3. Address: <u>1001 NOBLE ENERGY WAY</u> City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77070</u>	4. Contact Name: <u>Holly Hill</u> Phone: <u>(303) 228-4232</u> Fax: _____ Email: <u>Denverregulatory@nblenergy.com</u>
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5. API Number <u>05-123-45237-00</u> 7. Well Name: <u>Hullabaloo State</u> 8. Location: QtrQtr: <u>NWNW</u> Section: <u>16</u> Township: <u>2N</u> 9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	6. County: <u>WELD</u> Well Number: <u>Y21-769</u> Range: <u>64W</u> Meridian: <u>6</u>
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**Completed Interval**

FORMATION: <u>NIOBRARA</u>	Status: <u>PRODUCING</u>	Treatment Type: <u>FRACTURE STIMULATION</u>
Treatment Date: <u>03/15/2018</u>	End Date: <u>04/03/2018</u>	Date of First Production this formation: <u>06/10/2018</u>
Perforations Top: <u>7442</u>	Bottom: <u>17194</u>	No. Holes: <u>1444</u> Hole size: <u>0.48</u>

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

Niobrara completed with 644,286 bbls slurry, 883 bbls 28% HCl, 1,478,496 lbs 100 mesh, 18,295,528 lbs 40/70 sand

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): <u>645169</u>	Max pressure during treatment (psi): <u>8149</u>
Total gas used in treatment (mcf): _____	Fluid density at initial fracture (lbs/gal): <u>8.43</u>
Type of gas used in treatment: _____	Min frac gradient (psi/ft): <u>0.93</u>
Total acid used in treatment (bbl): <u>883</u>	Number of staged intervals: <u>46</u>
Recycled water used in treatment (bbl): _____	Flowback volume recovered (bbl): <u>7480</u>
Fresh water used in treatment (bbl): <u>644286</u>	Disposition method for flowback: <u>DISPOSAL</u>
Total proppant used (lbs): <u>19774024</u>	Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/>

Reason why green completion not utilized: \_\_\_\_\_

**Fracture stimulations must be reported on FracFocus.org**

**Test Information:**

Date: <u>06/27/2018</u>	Hours: <u>24</u>	Bbl oil: <u>206</u>	Mcf Gas: <u>206</u>	Bbl H2O: <u>1193</u>
Calculated 24 hour rate:	Bbl oil: <u>206</u>	Mcf Gas: <u>206</u>	Bbl H2O: <u>1193</u>	GOR: <u>1000</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>1033</u>	Tubing PSI: <u>1781</u>	Choke Size: <u>16/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	Btu Gas: <u>1390</u>	API Gravity Oil: <u>40</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7221</u>	Tbg setting date: <u>06/07/2018</u>	Packer Depth: <u>7226</u>	

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:

Actual TPZ is 586' FNL 1401' FWL

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: Sr. Regulatory Analyst Date: \_\_\_\_\_ Email Julie.webb@nblenergy.com  
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### Attachment Check List

**Att Doc Num**      **Name**

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Total Attach: 0 Files

### General Comments

**User Group**      **Comment**      **Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)