

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:

400760868

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: 1001 NOBLE ENERGY WAY
City: HOUSTON State: TX Zip: 77070
4. Contact Name: Holly Hill
Phone: (303) 228-4232
Fax:
Email: Denverregulatory@nblenergy.com

5. API Number 05-123-13393-00
6. County: WELD
7. Well Name: OCOMA UPRR LEASE
Well Number: B29-14
8. Location: QtrQtr: SESW Section: 29 Township: 5N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION
Treatment Date: End Date: Date of First Production this formation: 03/25/1987
Perforations Top: 6947 Bottom: 6962 No. Holes: 64 Hole size: 0.34
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: NIOBRARA-CODELL		Status: PRODUCING		Treatment Type: _____	
Treatment Date: _____		End Date: _____		Date of First Production this formation: 03/18/1987	
Perforations	Top: 6682	Bottom: 6962	No. Holes: 143	Hole size: 0.73	
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					
<u>Test Information:</u>					
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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
Date formation Abandoned: _____	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: FRACTURE STIMULATION

Treatment Date: 03/08/2012 End Date: 03/08/2012 Date of First Production this formation: 03/25/1987

Perforations Top: 6682 Bottom: 6806 No. Holes: 79 Hole size: 0.73

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

Re-frac'd the Niobrara w/167186 gals of Vistar and Slick Water with 239180#'s of Ottawa sand. (6682'-6806'), 64 shots

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

Total fluid used in treatment (bbl): 3980

Max pressure during treatment (psi): 4730

Total gas used in treatment (mcf): 0

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

Type of gas used in treatment:

Min frac gradient (psi/ft): 1.00

Total acid used in treatment (bbl): 24

Number of staged intervals: 9

Recycled water used in treatment (bbl): 0

Flowback volume recovered (bbl):

Fresh water used in treatment (bbl): 3722

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 239180

Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized: PRESSURE

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 03/22/2012 Hours: 24 Bbl oil: 16 Mcf Gas: 168 Bbl H2O: 14

Calculated 24 hour rate: Bbl oil: 16 Mcf Gas: 168 Bbl H2O: 14 GOR: 10500

Test Method: flowing Casing PSI: 600 Tubing PSI: 200 Choke Size: 18/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1306 API Gravity Oil: 59

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6929 Tbg setting date: 03/15/2012 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:

Form 5A was submitted 12/30/2014 to report the re-frac of Niobrara 3/2/2012.

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

Attachment Check List

Att Doc Num Name

401862086 WIRELINE JOB SUMMARY

Total Attach: 1 Files

General Comments

User Group Comment

Comment Date

Stamp Upon Approval

Total: 0 comment(s)