

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:

401842334

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 05-123-45232-00  
6. County: WELD  
7. Well Name: Hullabaloo State  
Well Number: Y21-716  
8. Location: QtrQtr: NENE Section: 16 Township: 2N Range: 64W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CARLILE Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 03/08/2018 End Date: 06/02/2018 Date of First Production this formation: 07/14/2018

Perforations Top: 9045 Bottom: 15528 No. Holes: 96 Hole size: 0.48

Provide a brief summary of the formation treatment:

Open Hole: ☐

Carlile Intervals: 9045-9230, 13346-13776, 15472-15528

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: CARLILE-CODELL-FORT HAYS Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 03/08/2018 End Date: 06/02/2018 Date of First Production this formation: 07/14/2018

Perforations Top: 7523 Bottom: 17260 No. Holes: 1408 Hole size: 0.48

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

Carlile Codell Fort Hays completed with 814,048 bbls slurry, 897 bbls 28% HCl, 2,404,973 lbs 100 mesh, 21,691,326 lbs 40/70 sand

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

Total fluid used in treatment (bbl): 814945

Max pressure during treatment (psi): 8503

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): 0.92

Total acid used in treatment (bbl): 897

Number of staged intervals: 44

Recycled water used in treatment (bbl): \_\_\_\_\_

Flowback volume recovered (bbl): 1084

Fresh water used in treatment (bbl): 814048

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 24096299

Rule 805 green completion techniques were utilized: ☒

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

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

**Test Information:**

Date: 07/26/2018 Hours: 24 Bbl oil: 375 Mcf Gas: 446 Bbl H2O: 681

Calculated 24 hour rate: Bbl oil: 375 Mcf Gas: 446 Bbl H2O: 681 GOR: 1189

Test Method: Flowing Casing PSI: 116 Tubing PSI: 2383 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1366 API Gravity Oil: 40

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7395 Tbg setting date: 07/03/2018 Packer Depth: 7400

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: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 03/08/2018 End Date: 06/02/2018 Date of First Production this formation: 07/14/2018

Perforations Top: 7523 Bottom: 17260 No. Holes: 1208 Hole size: 0.48

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

Codell Intervals: 7523-7874, 8101-9016, 9259-10819, 11092-13321, 13805-14782, 15036-15445, 15558-15559, 15615-16110, 16337-17260

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: FORT HAYS Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 03/08/2018 End Date: 06/02/2018 Date of First Production this formation: 07/12/2018

Perforations Top: 8010 Bottom: 16314 No. Holes: 104 Hole size: 0.48

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

Fort Hays Intervals: 8010-8072, 10849-11064, 14813-15005, 15584-15965, 16138-16314

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:

Actual TPZ is 620' FNL 445' FEL

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

Total Attach: 0 Files

### General Comments

User Group Comment Comment Date

Stamp Upon Approval

Total: 0 comment(s)