

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:

401898250

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: LOGAN BOUGHAL

Phone: (832) 6397447

Fax:

Email: LOGAN.BOUGHAL@NBLENERGY.COM

5. API Number 05-123-15765-00

7. Well Name: STOUT

8. Location: QtrQtr: NESE

Section: 4

Township: 5N

Range: 65W

Meridian: 6

9. Field Name: WATTENBERG

Field Code: 90750

6. County: WELD

Well Number: 9-4

Completed Interval

FORMATION: CODELL		Status: COMMINGLED		Treatment Type: FRACTURE STIMULATION	
Treatment Date: 04/30/1993		End Date: 04/30/1993		Date of First Production this formation: 06/23/1992	
Perforations	Top: 7006	Bottom: 7020	No. Holes: 122	Hole size: 0.42	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
6/10/1992 CODELL FRAC'D FROM 7006-7020 WITH 42 HOLES 4/30/1993 CODELL FRAC'D FROM 7010-7020 WITH 40 HOLES 6/21/2002 CODELL FRA'C FROM 7007-7017 WITH 40 HOLES  SANDPLUG REMOVED 11/3/2011					
This formation is commingled with another formation:			<input checked="" type="checkbox"/> Yes <input 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: _____					
<b>Fracture stimulations must be reported on FracFocus.org</b>					
<b><u>Test Information:</u></b>					
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-CODELL		Status: PRODUCING		Treatment Type: _____	
Treatment Date: _____		End Date: _____		Date of First Production this formation: 06/23/1992	
Perforations	Top: 6703	Bottom: 7020	No. Holes: 202	Hole size: _____	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
SANDPLUG ABOVE CODELL REMOVED 11/3/2011					
This formation is commingled with another formation:			<input checked="" type="checkbox"/> Yes <input 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: _____					
<b>Fracture stimulations must be reported on FracFocus.org</b>					
<b><u>Test Information:</u></b>					
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: \_\_\_\_\_  
Treatment Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Date of First Production this formation: 06/23/1992  
Perforations Top: 6703 Bottom: 6923 No. Holes: 80 Hole size: 0.73  
Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐

SANDPLUG REMOVED 11/3/2011

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:

this is to report that the codell was refrac'd in 4/30/1993 & sand plug was removed prior to codell returning to production ON 11/3/2011.

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.BOUGHAL@NBLENERGY.COM

**Attachment Check List**

Att Doc Num	Name
401918484	OPERATIONS SUMMARY
401918486	OPERATIONS SUMMARY
401918487	OPERATIONS SUMMARY

Total Attach: 3 Files

**General Comments**

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)