

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:

401084905

Date Received:

07/29/2016

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: Julie Webb
Phone: (720) 587-2223
Fax:
Email: jwebb@progressivepcs.net

5. API Number 05-123-41785-00
6. County: WELD
7. Well Name: Wells Ranch
Well Number: AE32-620
8. Location: QtrQtr: SWSW Section: 32 Township: 6N Range: 62W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

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

Treatment Date: 05/20/2016 End Date: 05/25/2016 Date of First Production this formation: 06/26/2016

Perforations Top: 7171 Bottom: 15982 No. Holes: 0 Hole size:

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

Codell- Fort Hays frac'd with: 9800853 lb Ottawa Sand, 10944008 gal Silverstem and slickwater

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

Total fluid used in treatment (bbl): 260572 Max pressure during treatment (psi): 8274

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): 0.89

Total acid used in treatment (bbl): Number of staged intervals: 38

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 13543

Fresh water used in treatment (bbl): 260572 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 9800853 Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 07/07/2016 Hours: 24 Bbl oil: 115 Mcf Gas: 52 Bbl H2O: 2259

Calculated 24 hour rate: Bbl oil: 115 Mcf Gas: 52 Bbl H2O: 2259 GOR: 452

Test Method: Flowing Casing PSI: 5 Tubing PSI: 814 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1377 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6786 Tbg setting date: 06/21/2016 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: CODELL		Status: COMMINGLED		Treatment Type: FRACTURE STIMULATION	
Treatment Date: 05/20/2016		End Date: 05/25/2016		Date of First Production this formation: 06/26/2016	
Perforations Top: 7171		Bottom: 15982		No. Holes: 0 Hole size: _____	
Provide a brief summary of the formation treatment:				Open Hole: <input checked="" type="checkbox"/>	
Codell Perf's: 7171'-7451', 11605'-12662', 13185'-13202', 13766'-14644', 14661'-15982'					
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: _____					
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: FORT HAYS Status: COMMINGLED Treatment Type: FRACTURE STIMULATION
Treatment Date: 05/20/2016 End Date: 05/25/2016 Date of First Production this formation: 06/26/2016
Perforations Top: 7452 Bottom: 14660 No. Holes: 0 Hole size: _____
Provide a brief summary of the formation treatment: _____ Open Hole: ☒

Fort Hay's Perf's: 7452-11,604', 12,663-13,184', 13,203-13,765', 14,645-14,660'

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:

Top packer set at 7073', bottom packer set at 15828'.
Actual TPZ 666 FSL, 1080 FWL, Sec 32. 6N 62W

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: Senior Regulatory Analyst Date: 7/29/2016 Email: jwebb@progressivepcs.net
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Attachment Check List

Att Doc Num **Name**

401084905 FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
Permit	•Corrected TPZ on Submit tab per directional survey with Operator's concurrence •Operator requested an updated report be submitted to Frac Focus to correct treatment dates	02/06/2019

Total: 1 comment(s)