

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		<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				
COMPLETED INTERVAL REPORT			Document Number: 402229017 Date Received: 11/06/2019				
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>Craig Richardson</u> Phone: <u>(303) 228-4232</u> Fax: _____ Email: <u>Denverregulatory@nblenergy.com</u>
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5. API Number <u>05-123-49610-00</u> 7. Well Name: <u>STARS FEDERAL</u> 8. Location: QtrQtr: <u>SWSW</u> Section: <u>5</u> Township: <u>9N</u> Range: <u>58W</u> Meridian: <u>6</u> 9. Field Name: <u>DJ HORIZONTAL NIOBRARA</u> Field Code: <u>16950</u>	6. County: <u>WELD</u> Well Number: <u>LD17-770</u>
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Completed Interval

FORMATION: <u>NIOBRARA</u>	Status: <u>PRODUCING</u>	Treatment Type: <u>FRACTURE STIMULATION</u>
Treatment Date: <u>08/13/2019</u>	End Date: <u>08/23/2019</u>	Date of First Production this formation: <u>10/12/2019</u>
Perforations Top: <u>6327</u>	Bottom: <u>16471</u>	No. Holes: <u>1890</u> Hole size: <u>0.32</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>
Niobrara completed with 1023 bbls 28% HCL, 458,657 bbls slurry, 2,654,778 lb 100 Mesh, 19,196,644 lb 40/70		
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Total fluid used in treatment (bbl): <u>459680</u>	Max pressure during treatment (psi): <u>7910</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>0.78</u>	
Total acid used in treatment (bbl): <u>1023</u>	Number of staged intervals: <u>43</u>	
Recycled water used in treatment (bbl): _____	Flowback volume recovered (bbl): <u>0</u>	
Fresh water used in treatment (bbl): <u>458657</u>	Disposition method for flowback: <u>DISPOSAL</u>	
Total proppant used (lbs): <u>21851422</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>10/16/2019</u>	Hours: <u>24</u>	Bbl oil: <u>45</u>	Mcf Gas: <u>38</u>	Bbl H2O: <u>1084</u>
Calculated 24 hour rate:	Bbl oil: <u>45</u>	Mcf Gas: <u>38</u>	Bbl H2O: <u>1084</u>	GOR: <u>844</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>13</u>	Tubing PSI: <u>574</u>	Choke Size: <u>18/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	Btu Gas: <u>1321</u>	API Gravity Oil: <u>42</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>6131</u>	Tbg setting date: <u>09/23/2019</u>	Packer Depth: _____	
Reason for Non-Production: 				
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.				

Comment:

Actual TPZ: 210' FNL, 1325' FWL, Section 8, T9N, R58W

This well did not flowback; it went straight to the facility.

Drilling Beyond the Unit Boundary Setback:

1. Bottom perf interval 295' FSL, 1325' FWL, section 17, T9N, R58W
2. This well is a cemented monobore, the wellbore is physically isolated with cement.
3. None of the wellbore beyond the setback was completed.

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: 11/6/2019 Email: julie.webb@nblenergy.com
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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402229017	FORM 5A SUBMITTED
402233021	OTHER

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Permitting review complete.	01/02/2020

Total: 1 comment(s)