

FORM  
5ARev  
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



DE ET OE ES

Document Number:

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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: Craig Richardson  
 Phone: (303) 228-4232  
 Fax:  
 Email: Denverregulatory@nblenergy.com

5. API Number 05-123-25769-00  
 6. County: WELD  
 7. Well Name: BERNHARDT O  
 Well Number: 1-25  
 8. Location: QtrQtr: SWSW Section: 1 Township: 4N Range: 67W Meridian: 6  
 9. Field Name: WATTENBERG Field Code: 90750

## Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type:  
 Treatment Date: End Date: Date of First Production this formation: 08/07/2008  
 Perforations Top: 7312 Bottom: 7331 No. Holes: 76 Hole size: 41/100  
 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: TEMPORARILY ABANDONED                        |  | Treatment Type: _____                               |  |
| Treatment Date: _____  |   | End Date: _____                                      |  | Date of First Production this formation: 08/07/2008 |  |
| Perforations   | Top: 6996   | Bottom: 7331   | No. Holes: 204   | Hole size: _____                                    |  |
| 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: _____                |   |  |  |   |  |
| <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: _____                               |   | Surface Equipment removed on 8/21/2018.              |  |   |  |
| Date formation Abandoned: 08/21/2018                           | 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: 08/07/2008

Perforations Top: 6996 Bottom: 7118 No. Holes: 128 Hole size: 42/100

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.

Comment:

This well is TA because surface equipment was removed due to LTSI. There are no plugs downhole.

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**

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|  |  |
|--|--|

Total Attach: 0 Files

**General Comments**

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|----------------|---------------------|
|                   |                | Stamp Upon Approval |

Total: 0 comment(s)