

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



DE ET OE ES

Document Number:

402350893

Date Received:

03/25/2020

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 05-123-15576-00  
6. County: WELD  
7. Well Name: AGRICULTURAL PROD INC  
Well Number: 32-2F  
8. Location: QtrQtr: NWNE Section: 32 Township: 4N Range: 66W 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: 03/19/1992  
Perforations Top: 7289 Bottom: 7305 No. Holes: 96 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: 03/19/1992  |  |
| Perforations                                                   | Top: 6988                   | Bottom: 7305                                                      | No. Holes: 124                                                               | 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 2/18/2019.                           |                                                                              |                                                      |  |
| Date formation Abandoned: 02/18/2019                           |                             | 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: 03/19/1992

Perforations Top: 6988 Bottom: 7156 No. Holes: 28 Hole size: \_\_\_\_\_

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: 3/25/2020 Email: julie.webb@nblenergy.com

**Attachment Check List**

| Att Doc Num | Name              |
|-------------|-------------------|
| 402350893   | FORM 5A SUBMITTED |

Total Attach: 1 Files

**General Comments**

| User Group | Comment | Comment Date        |
|------------|---------|---------------------|
|            |         | Stamp Upon Approval |

Total: 0 comment(s)