

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

4. Contact Name: Craig Richardson

2. Name of Operator: NOBLE ENERGY INC

Phone: (303) 228-4232

3. Address: 1001 NOBLE ENERGY WAY

Fax:

City: HOUSTON

State: TX

Zip: 77070

Email: Denverregulatory@nblenergy.com

5. API Number 05-123-22824-00

6. County: WELD

7. Well Name: HOFFNER

Well Number: 14-35

8. Location: QtrQtr: SWSW

Section: 35

Township: 6N

Range: 64W

Meridian: 6

9. Field Name: KERSEY

Field Code: 44600

Completed Interval

FORMATION: CODELL

Status: TEMPORARILY ABANDONED

Treatment Type:

Treatment Date:

End Date:

Date of First Production this formation: 01/21/2006

Perforations

Top: 6804

Bottom: 6818

No. Holes: 56

Hole size: 40/100

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: Surface Equipment removed on 04/02/2018

Date formation Abandoned: 04/02/2018

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

User Group **Comment**

Comment Date

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| | | Stamp Upon Approval |
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Total: 0 comment(s)