

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:

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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 05-123-25526-00
6. County: WELD
7. Well Name: TOOL G
Well Number: 2-27
8. Location: QtrQtr: SWSE Section: 35 Township: 5N Range: 65W 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: 08/15/2008
Perforations Top: 7027 Bottom: 7043 No. Holes: 64 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: 08/15/2008 | |
| Perforations | Top: 6757 | Bottom: 7043 | No. Holes: 192 | 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: _____ | | | | | |
| 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: | Surface Equipment removed on 07/17/2018 | | | | |
| Date formation Abandoned: 07/17/2018 | 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: 08/15/2008

Perforations Top: 6757 Bottom: 6893 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**

| | |
|--|--|
| | |
|--|--|

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)