

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



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Document Number:

402416369

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 05-123-22902-00

7. Well Name: GUTTERSEN

8. Location: QtrQtr: SWSE Section: 33 Township: 3N Range: 64W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: D33-15

Completed Interval

FORMATION: CODELL

Status: COMMINGLED

Treatment Type:

Treatment Date: End Date: Date of First Production this formation: 05/15/2006

Perforations Top: 6997 Bottom: 7010 No. Holes: 48 Hole size: 0.42

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: 05/15/2006  |  |
| Perforations   | Top: 6764                   | Bottom: 7010  | No. Holes: 144   | Hole size: 0.42                                      |  |
| 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: TA for P&A                          |                             |   |  |  |  |
| Date formation Abandoned: 02/13/2020                           |                             | Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No |  | If yes, number of sacks cmt _____                    |  |
| ** Bridge Plug Depth: 6714                                     |                             | ** Sacks cement on top: 2   |  | ** Wireline and Cement Job Summary must be attached. |  |

FORMATION: NIOBRARA Status: COMMINGLED Treatment Type: \_\_\_\_\_

Treatment Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Date of First Production this formation: 05/15/2006

Perforations Top: 6764 Bottom: 6780 No. Holes: 96 Hole size: 0.42

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:

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**

402416396 WIRELINE JOB SUMMARY

Total Attach: 1 Files

**General Comments**

**User Group** **Comment**

**Comment Date**

|  |  |                     |
|--|--|---------------------|
|  |  | Stamp Upon Approval |
|--|--|---------------------|

Total: 0 comment(s)