

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:

402392653

Date Received:

05/26/2020

## 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 05-123-13960-00  
 6. County: WELD  
 7. Well Name: LILLI UNIT  
 Well Number: 3-10  
 8. Location: QtrQtr: NENW Section: 10 Township: 8N Range: 58W Meridian: 6  
 9. Field Name: LILLI Field Code: 49970

## Completed Interval

FORMATION: D SAND Status: TEMPORARILY ABANDONED Treatment Type:  
 Treatment Date: End Date: Date of First Production this formation: 10/29/1988  
 Perforations Top: 6282 Bottom: 6300 No. Holes: 108 Hole size: 0.375  
 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 10/08/2018  
 Date formation Abandoned: 10/08/2018 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: 5/26/2020

Email: julie.webb@nblenergy.com

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### **Attachment Check List**

**Att Doc Num**

**Name**

402392653

FORM 5A SUBMITTED

Total Attach: 1 Files

### **General Comments**

**User Group**

**Comment**

**Comment Date**

Permit

Return to draft per operator request.

07/28/2020

Total: 1 comment(s)