

Document Number:
402369902

Date Received:
05/19/2020

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 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 05-123-25293-00 6. County: WELD
 7. Well Name: HAMBERT G Well Number: 32-4X
 8. Location: QtrQtr: NWNW Section: 32 Township: 4N Range: 65W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: TEMPORARILY ABANDONED Treatment Type: _____
 Treatment Date: _____ End Date: _____ Date of First Production this formation: 02/26/2008
 Perforations Top: 7106 Bottom: 7205 No. Holes: 112 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: Surface Equipment removed on 09/12/2018
 Date formation Abandoned: 09/12/2018 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: 5/19/2020 Email julie.webb@nblenergy.com
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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402369902	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Permitting review complete.	08/13/2020

Total: 1 comment(s)