

Document Number:  
402366927

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 05-123-26461-00      6. County: WELD  
 7. Well Name: HAGEMIESTER      Well Number: 44-6  
 8. Location: QtrQtr: SESE      Section: 6      Township: 6N      Range: 63W      Meridian: 6  
 9. Field Name: WATTENBERG      Field Code: 90750

**Completed Interval**

FORMATION: CODELL      Status: TEMPORARILY ABANDONED      Treatment Type: \_\_\_\_\_  
 Treatment Date: \_\_\_\_\_      End Date: \_\_\_\_\_      Date of First Production this formation: 01/10/2008  
 Perforations      Top: 6834      Bottom: 6844      No. Holes: 44      Hole size: 34/100  
 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 11/02/2018  
 Date formation Abandoned: 11/02/2018      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: 5/19/2020 Email julie.webb@nblenergy.com  
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### Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402366927	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)