

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:

402386456

Date Received:

05/12/2020

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 05-123-24249-00

7. Well Name: DINNER

8. Location: QtrQtr: SENE Section: 14 Township: 6N Range: 65W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: 14-15

Completed Interval

FORMATION: CODELL

Status: COMMINGLED

Treatment Type:

Treatment Date: End Date: Date of First Production this formation: 01/02/2008

Perforations Top: 7068 Bottom: 7082 No. Holes: 56 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.

|  |                             |  |   |  |  |
|--|-----------------------------|--|---|--|--|
| FORMATION: NIOBRARA-CODELL                                     |                             | Status: TEMPORARILY ABANDONED  |   | Treatment Type: _____                                |  |
| Treatment Date: _____  |                             | End Date: _____  |   | Date of First Production this formation: 01/02/2008  |  |
| Perforations   | Top: 6889                   | Bottom: 7082   | No. Holes: 112  | Hole size: 42/100                                    |  |
| 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: _____                               |                             | Surface Equipment removed on 4/10/2018.                                      |   |  |  |
| Date formation Abandoned: 04/10/2018                           |                             | 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: 01/02/2008

Perforations Top: 6889 Bottom: 6903 No. Holes: 56 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: 5/12/2020 Email: julie.webb@nblenergy.com

**Attachment Check List**

**Att Doc Num** **Name**

402386456 FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

| <b><u>User Group</u></b> | <b><u>Comment</u></b>       | <b><u>Comment Date</u></b> |
|--------------------------|-----------------------------|----------------------------|
| Permit                   | Permitting review complete. | 08/14/2020                 |

Total: 1 comment(s)