

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

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Date Received:

05/04/2020

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 05-123-24567-00
 6. County: WELD
 7. Well Name: CECIL - USX A
 Well Number: 1-19
 8. Location: QtrQtr: SWNW Section: 1 Township: 6N Range: 64W 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: 02/28/2007
 Perforations Top: 6967 Bottom: 6977 No. Holes: 40 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: Surface Equipment removed on 12/13/2018.
 Date formation Abandoned: 12/13/2018 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: 5/4/2020

Email: julie.webb@nblenergy.com

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Attachment Check List

Att Doc Num

Name

402373265

FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

Permit

Permitting review complete.

08/18/2020

Total: 1 comment(s)