

FORM
5A
Rev
09/20

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:
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Date Received:

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: Mo Montoya
Phone: (303) 228-4400
Fax: _____
Email: Denverregulatory@nblenergy.com

5. API Number 05-123-48641-00
6. County: WELD
7. Well Name: Guttersen
Well Number: YY06-756
8. Location: QtrQtr: SESW Section: 30 Township: 3N Range: 63W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 07/24/2021 End Date: 08/13/2021 Date this Formation was Completed: 09/01/2021

Perforations Top: 7153 Bottom: 17133 No. Holes: 1164 Hole size: 0.42 Open Hole:

Describe the Formation Treatment, including the following: type of fluid used (gel, slickwater, etc.), type and concentration of acid used (HCl, HF, etc.), types and amounts of proppant(s) used, depth details of multiple zones, and method used to determine flowback volume.

Niobrara completed with 177 Bbls 28% HCL, 589,550 Bbls slurry, 1,379,078 lb 100 Mesh, 17,773,687 lb 40/70.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 589727 Max pressure during treatment (psi): 8510

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 8.43

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.95

Total acid used in treatment (bbl): 177 Number of staged intervals: 42

Recycled or Reused Fluids used in treatment (bbl): _____ Flowback volume recovered (bbl): 0

Fresh water used in treatment (bbl): 589550 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 19152765

Fracture stimulations must be reported on FracFocus.org

Test Information:

09/28/2021 Hours: 24 Bbl oil: 570 Mcf Gas: 368 Bbl H2O: 1071
Date Calculated 24 hour rate: Bbl oil: 570 Mcf Gas: 368 Bbl H2O: 1071 GOR: 645
Test Method: Flowing Casing PSI: 890 Tubing PSI: 1177 Choke Size: 23/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1322 API Gravity Oil: 52
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6781 Tbg setting date: 08/28/2021 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:

Actual TPZ is: Sec 31 T3N 64W, 238' FNL and 2192' FWL
Flowback is 0, it went straight to a permanent facility

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Emilie Gentry
Title: Regulatory Analyst Date: _____ Email: DenverRegulatory@chevron.onmicrosoft.com

Attachment List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)