

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) 892-2109



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Document Number:  
402818521

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: <u>100322</u>	4. Contact Name: <u>Mo Montoya</u>
2. Name of Operator: <u>NOBLE ENERGY INC</u>	Phone: <u>(303) 228-4400</u>
3. Address: <u>1001 NOBLE ENERGY WAY</u>	Fax: _____
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77070</u>	Email: <u>Denverregulatory@nblenergy.com</u>

5. API Number <u>05-123-48643-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>Guttersen</u>	Well Number: <u>YY06-766</u>
8. Location: QtrQtr: <u>SESW</u> Section: <u>30</u> Township: <u>3N</u> Range: <u>63W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

## 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: 7213 Bottom: 17206 No. Holes: 1148 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 210 Bbls 28% HCL, 587,950 Bbls slurry, 1,392,058 lb 100 Mesh, 17,809,906 lb 40/70.

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 587670 Max pressure during treatment (psi): 8325

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): 0.97

Total acid used in treatment (bbl): 210 Number of staged intervals: 42

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

Fresh water used in treatment (bbl): 587460 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 19201964

**Fracture stimulations must be reported on FracFocus.org**

### Test Information:

09/28/2021 Hours: 24 Bbl oil: 553 Mcf Gas: 356 Bbl H2O: 928  
Date Calculated 24 hour rate: Bbl oil: 553 Mcf Gas: 356 Bbl H2O: 928 GOR: 643  
Test Method: Flowing Casing PSI: 944 Tubing PSI: 1209 Choke Size: 23/64  
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1324 API Gravity Oil: 52  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6861 Tbg setting date: 08/27/2021 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, 239' FNL 1640' 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)