

### 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.

Document Number:  
 402837369

Date Received:  
 10/13/2021

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| 1. OGCC Operator Number: <u>100322</u><br>2. Name of Operator: <u>NOBLE ENERGY INC</u><br>3. Address: <u>1001 NOBLE ENERGY WAY</u><br>City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77070</u> | 4. Contact Name: <u>Mo Montoya</u><br>Phone: <u>(303) 228-4400</u><br>Fax: _____<br>Email: <u>DenverRegulatory@chevron.onmicrosoft.com</u> |
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| 5. API Number <u>05-123-12174-00</u><br>7. Well Name: <u>UPRR 36 PAN AM C</u><br>8. Location: QtrQtr: <u>SWSW</u> Section: <u>33</u> Township: <u>4N</u><br>9. Field Name: <u>ARISTOCRAT</u> Field Code: <u>2925</u> | 6. County: <u>WELD</u><br>Well Number: <u>1</u><br>Range: <u>65W</u> Meridian: <u>6</u> |
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## Completed Interval

FORMATION: SUSSEX Status: TEMPORARILY ABANDONED Treatment Type: \_\_\_\_\_  
Treatment Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Date this Formation was Completed: 07/17/1985  
Perforations Top: 4486 Bottom: 4548 No. Holes: 248 Hole size: \_\_\_\_\_ 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.

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 or Reused Fluids used in treatment (bbl): \_\_\_\_\_ Flowback volume recovered (bbl): \_\_\_\_\_  
Fresh water used in treatment (bbl): \_\_\_\_\_ Disposition method for flowback: \_\_\_\_\_  
Total proppant used (lbs): \_\_\_\_\_

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

### Test Information:

Hours: \_\_\_\_\_ Bbl oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbl H2O: \_\_\_\_\_  
Date: \_\_\_\_\_ 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: TA for MIT  
Date formation Abandoned: 09/29/2021 Squeeze:  Yes  No If yes, number of sacks cmt \_\_\_\_\_  
\*\* Bridge Plug Depth: 4436 \*\* Sacks cement on top: 2 \*\* Wireline and Cement Job Summary must be attached.

Comment:

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: Regulatory Analyst Date: 10/13/2021 Email: DenverRegulatory@chevron.onmicrosoft.com

## Attachment List

| Att Doc Num | Name                 |
|-------------|----------------------|
| 402837369   | FORM 5A SUBMITTED    |
| 402840850   | WELLBORE DIAGRAM     |
| 402840854   | WIRELINE JOB SUMMARY |

Total Attach: 3 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

|  |  |                     |
|--|--|---------------------|
|  |  | Stamp Upon Approval |
|--|--|---------------------|

Total: 0 comment(s)