

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:

403057214

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: 2001 16TH STREET SUITE 900

City: DENVER State: CO Zip: 80202

4. Contact Name: Mosiah Montoya

Phone: (303) 228-4200

Fax:

Email: denverregulatory@chevron.onmicrosoft.com

5. API Number 05-123-50927-00

7. Well Name: Rampart

8. Location: QtrQtr: SWSW Section: 21 Township: 6N Range: 64W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: A33-750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING
Treatment Date: 03/18/2022 End Date: 04/10/2022 Date this Formation was Completed: 05/02/2022
Perforations Top: 7521 Bottom: 16969 No. Holes: 1248 Hole size: 37/100 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 349 bbls 28% HCL, 540,447 bbls slurry, 1,102,924 lb 100 mesh, 15,795,761 lb 40/70.

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 540796 Max pressure during treatment (psi): 8714
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): 349 Number of staged intervals: 45
Recycled or Reused Fluids used in treatment (bbl): _____ Flowback volume recovered (bbl): 0
Fresh water used in treatment (bbl): 540447 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 16898685

Fracture stimulations must be reported on FracFocus.org

Test Information:

05/15/2022 Hours: 24 Bbl oil: 46 Mcf Gas: 14 Bbl H2O: 1132
Date Calculated 24 hour rate: Bbl oil: 46 Mcf Gas: 14 Bbl H2O: 1132 GOR: 304
Test Method: Flowing Casing PSI: 2675 Tubing PSI: 1473 Choke Size: 18/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1325 API Gravity Oil: 42
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7367 Tbg setting date: 04/29/2022 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 28, T6N 64W: 478' FNL, 2610' FEL TPZ northing confirmed by directional well planner
This well did not flowback, the well went straight to the production facility.

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: _____ Email: julie.webb@chevron.com

Attachment List

Att Doc Num	Name
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403065104	OTHER
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Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)