

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:
403107503

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>Mosiah Montoya</u>
2. Name of Operator: <u>NOBLE ENERGY INC</u>	Phone: <u>(303) 228-4200</u>
3. Address: <u>2001 16TH STREET SUITE 900</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>denverregulatory@chevron.onmicrosoft.com</u>

5. API Number <u>05-123-51333-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>Roth</u>	Well Number: <u>A32-770</u>
8. Location: QtrQtr: <u>NENE</u> Section: <u>30</u> Township: <u>6N</u> Range: <u>64W</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: 05/07/2022 End Date: 06/06/2022 Date this Formation was Completed: 06/26/2022

Perforations Top: 7763 Bottom: 17237 No. Holes: 1244 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 204 bbls 28% HCL, 723,065 bbls slurry, 2,440,317 lb 100 mesh, 20,379,675 lb 40/70.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 723269 Max pressure during treatment (psi): 8053

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): 204 Number of staged intervals: 45

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

Fresh water used in treatment (bbl): 723065 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 22819992

Fracture stimulations must be reported on FracFocus.org

Test Information:

06/30/2022 Hours: 24 Bbl oil: 44 Mcf Gas: 196 Bbl H2O: 1413
Date Calculated 24 hour rate: Bbl oil: 44 Mcf Gas: 196 Bbl H2O: 1413 GOR: 4454
Test Method: Flowing Casing PSI: 2600 Tubing PSI: 1559 Choke Size: 18/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1288 API Gravity Oil: 42
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7362 Tbg setting date: 06/16/2022 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 29, T6N 64W: 475' FNL, 1317' FWL
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

Total Attach: 0 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)