

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:

403339700

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 05-123-49269-00

7. Well Name: Guttersen

8. Location: QtrQtr: NESW Section: 29 Township: 4N Range: 63W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: CC32-785

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING
Treatment Date: 12/17/2022 End Date: 01/07/2023 Date this Formation was Completed: 02/16/2023
Perforations Top: 7244 Bottom: 14537 No. Holes: 992 Hole size: 40/100 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 123 bbls 28% HCL, 448,301 bbls slurry, 1,429,908 lb 100 mesh, 12,649,156 lb 40/70.

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

Total fluid used in treatment (bbl): 448424 Max pressure during treatment (psi): 7834
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): 0.98
Total acid used in treatment (bbl): 123 Number of staged intervals: 31
Recycled or Reused Fluids used in treatment (bbl): _____ Flowback volume recovered (bbl): 0
Fresh water used in treatment (bbl): 448301 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 14079064

Fracture stimulations must be reported on FracFocus.org

Test Information:

02/28/2023 Hours: 24 Bbl oil: 537 Mcf Gas: 224 Bbl H2O: 564
Date Calculated 24 hour rate: Bbl oil: 537 Mcf Gas: 224 Bbl H2O: 564 GOR: 417
Test Method: Flowing Casing PSI: 1153 Tubing PSI: 1562 Choke Size: 19/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1378 API Gravity Oil: 42
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6884 Tbg setting date: 02/03/2023 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, T4N 63W: 2374' FSL, 352' 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**

403348771 OTHER

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)