

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:
403339674

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 05-123-49270-00
6. County: WELD
7. Well Name: Guttersen
Well Number: CC32-765
8. Location: QtrQtr: NESW Section: 29 Township: 4N Range: 63W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 12/18/2022 End Date: 01/08/2023 Date this Formation was Completed: 02/16/2023

Perforations Top: 7089 Bottom: 14416 No. Holes: 988 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 141 bbls 28% HCL, 450,753 bbls slurry, 1,444,287 lb 100 mesh, 12,633,922 lb 40/70.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 450894 Max pressure during treatment (psi): 7808

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): 1.00

Total acid used in treatment (bbl): 141 Number of staged intervals: 32

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

Fresh water used in treatment (bbl): 450753 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 14078209

Fracture stimulations must be reported on FracFocus.org

Test Information:

02/28/2023 Hours: 24 Bbl oil: 266 Mcf Gas: 224 Bbl H2O: 970
Date Calculated 24 hour rate: Bbl oil: 266 Mcf Gas: 224 Bbl H2O: 970 GOR: 842
Test Method: Flowing Casing PSI: 1031 Tubing PSI: 1302 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: 6730 Tbg setting date: 02/05/2023 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: 2396' FSL, 1644' 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
403348854	OTHER

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)