

FORM
5A

Rev
09/20

State of Colorado

Energy & Carbon Management Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE	ET	OE	ES
----	----	----	----

Document Number:
403468315

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>Randy Thweatt</u>
2. Name of Operator: <u>NOBLE ENERGY INC</u>	Phone: <u>(303) 228-4000</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>05-123-51836-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>GIG-EM STATE</u>	Well Number: <u>Y9-751</u>
8. Location: QtrQtr: <u>NENE</u> Section: <u>16</u> Township: <u>2N</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: 05/05/2023 End Date: 05/24/2023 Date this Formation was Completed: 07/10/2023

Perforations Top: 7727 Bottom: 17566 No. Holes: 1288 Hole size: 0.37 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 638 bbls 28% HCL, 566,059 bbls slurry, 1,792,525 lb 100 mesh, 15,731,984 lb 40/70.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 566697 Max pressure during treatment (psi): 8386

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): 0.97

Total acid used in treatment (bbl): 638 Number of staged intervals: 47

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

Fresh water used in treatment (bbl): 566059 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 17524509

Fracture stimulations must be reported on FracFocus.org

Test Information:

07/16/2023 Hours: 24 Bbl oil: 131 Mcf Gas: 113 Bbl H2O: 616

Calculated 24 hour rate: Bbl oil: 131 Mcf Gas: 113 Bbl H2O: 616 GOR: 863

Test Method: Flowing Casing PSI: 1434 Tubing PSI: 1726 Choke Size: 18/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1335 API Gravity Oil: 42

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7324 Tbg setting date: 06/08/2023 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 9, T2N 64W: 205' FSL, 2626' FWL

Drilling Beyond the Unit Boundary Setback:

1. Bottom perf interval 452' FNL, 2586' FWL, Section 4, T2N, R64W
2. This well is a cemented monobore, the wellbore is physically isolated with cement.
3. None of the wellbore beyond the setback was completed.

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: Kim Bauer

Title: Regulatory Analyst II Date: _____ Email: kimberlybauer@chevron.com

Attachment List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)