

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



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Document Number:
403729238

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>1099 18TH STREET SUITE 1500</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>05-123-49058-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>Shelton</u>	Well Number: <u>H03-635</u>
8. Location: QtrQtr: <u>NWSW</u> Section: <u>1</u> Township: <u>3N</u> Range: <u>65W</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: 01/15/2024 End Date: 01/30/2024 Date this Formation was Completed: 03/01/2024

Perforations Top: 7540 Bottom: 17501 No. Holes: 1344 Hole size: 0.38 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 671 bbls 28% HCL, 546787 bbls slurry, 31079 bbls recycled water, 17950956 lb 100 mesh

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 578537 Max pressure during treatment (psi): 8322

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): 0.82

Total acid used in treatment (bbl): 671 Number of staged intervals: 48

Recycled or Reused Fluids used in treatment (bbl): 31079 Flowback volume recovered (bbl): 0

Fresh water used in treatment (bbl): 546787 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 17950956

Fracture stimulations must be reported on FracFocus.org

Test Information:

03/08/2024 Hours: 24 Bbl oil: 247 Mcf Gas: 1746 Bbl H2O: 420
Date Calculated 24 hour rate: Bbl oil: 247 Mcf Gas: 1746 Bbl H2O: 420 GOR: 7069
Test Method: Flowing Casing PSI: 2697 Tubing PSI: 2029 Choke Size: 18/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1268 API Gravity Oil: 42
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7380 Tbg setting date: 02/24/2024 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 2, T3N 65W: 1647' FSL, 202' FEL

Drilling Beyond the Unit Boundary Setback:

1. Bottom perf interval 1661' FSL, 670' FWL, Section 3, T3N, R65W
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

403729240

WELLBORE DIAGRAM

403734467

OTHER

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

Stamp Upon
Approval

Total: 0 comment(s)