

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:  
403463035

Date Received:  
10/06/2023

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. ECMC Operator Number: <u>100322</u>	4. Contact Name: <u>Randy Thweatt</u>
2. Name of Operator: <u>NOBLE ENERGY INC</u>	Phone: <u>(303) 829-2393</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>RandyThweatt@chevron.com</u>

5. API Number <u>05-123-49295-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>Johnson</u>	Well Number: <u>C32-735</u>
8. Location: QtrQtr: <u>NENW</u> Section: <u>29</u> Township: <u>4N</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: 05/13/2023 End Date: 06/01/2023 Date this Formation was Completed: 07/05/2023

Perforations Top: 7419 Bottom: 17227 No. Holes: 1344 Hole size: 0.4 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 193 bbls 28% HCL, 502,563 bbls of slurry, 71,571 bbls of recycled water, 17,743,706 lb 40/140 Sand.

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 574327 Max pressure during treatment (psi): 8565

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): 193 Number of staged intervals: 41

Recycled or Reused Fluids used in treatment (bbl): 71571 Flowback volume recovered (bbl): 0

Fresh water used in treatment (bbl): 502563 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 17743706

**Fracture stimulations must be reported on FracFocus.org**

### Test Information:

07/10/2023 Hours: 24 Bbl oil: 204 Mcf Gas: 1135 Bbl H2O: 329

Calculated 24 hour rate: Bbl oil: 204 Mcf Gas: 1135 Bbl H2O: 329 GOR: 5564

Test Method: Flowing Casing PSI: 3005 Tubing PSI: 2207 Choke Size: 18/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1262 API Gravity Oil: 42

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7229 Tbg setting date: 06/21/2023 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 64W: 462' FNL, 1690' FEL  
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: 10/6/2023 Email kimberlybauer@chevron.com

### ATTACHMENT LIST

Att Doc Num	Name
403463035	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Permit	Permit review complete - Passed Task Updated Contact per Operator (Chevron)	10/24/2024
Permit	Return to DRAFT - per operator request	09/29/2023

Total: 2 comment(s)