

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:

403462382

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: 100322

2. Name of Operator: NOBLE ENERGY INC

3. Address: 1099 18TH STREET SUITE 1500

City: DENVER State: CO Zip: 80202

4. Contact Name: Randy Thweatt

Phone: (303) 829-2393

Fax:

Email: RandyThweatt@chevron.com

5. API Number 05-123-49292-00

7. Well Name: Johnson

8. Location: QtrQtr: NENW Section: 29 Township: 4N Range: 64W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: C32-745

Completed Interval

FORMATION: NIORARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING
Treatment Date: 05/12/2023 End Date: 06/01/2023 Date this Formation was Completed: 07/05/2023
Perforations Top: 7307 Bottom: 17115 No. Holes: 1312 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 195 bbls 28% HCL, 506,904 bbls of slurry, 69,933 bbls of recycled water, 17,724,067 lb 40/140 Sand.

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

Total fluid used in treatment (bbl): 577032 Max pressure during treatment (psi): 8365
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): 195 Number of staged intervals: 41
Recycled or Reused Fluids used in treatment (bbl): 69933 Flowback volume recovered (bbl): 0
Fresh water used in treatment (bbl): 506904 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 17724067

Fracture stimulations must be reported on FracFocus.org

Test Information:

07/10/2023 Hours: 24 Bbl oil: 149 Mcf Gas: 680 Bbl H2O: 434
Date Calculated 24 hour rate: Bbl oil: 149 Mcf Gas: 680 Bbl H2O: 434 GOR: 4564
Test Method: Flowing Casing PSI: 3005 Tubing PSI: 2233 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: 7132 Tbg setting date: 06/20/2023 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: 471' FNL, 2321' 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
403462382	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
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)