

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: <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>05-123-49292-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>Johnson</u>	Well Number: <u>C32-745</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: 05/12/2023 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**

<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)