

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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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. 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>DenverRegulatory@chevron.onmicrosoft.com</u>

5. API Number <u>05-123-49294-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>Johnson</u>	Well Number: <u>C32-715</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: 7879 Bottom: 17700 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 181 bbls 28% HCL, 503,664 bbls of slurry, 71,045 bbls of recycled water, 17,728,163 lb 40/140 Sand.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 574890 Max pressure during treatment (psi): 9046

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): 0.95

Total acid used in treatment (bbl): 181 Number of staged intervals: 41

Recycled or Reused Fluids used in treatment (bbl): 71045 Flowback volume recovered (bbl): 0

Fresh water used in treatment (bbl): 503664 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 17728163

Fracture stimulations must be reported on FracFocus.org

Test Information:

07/10/2023 Hours: 24 Bbl oil: 145 Mcf Gas: 629 Bbl H2O: 516
Date: 07/10/2023 Calculated 24 hour rate: Bbl oil: 145 Mcf Gas: 629 Bbl H2O: 516 GOR: 4338
Test Method: Flowing Casing PSI: 2952 Tubing PSI: 2035 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: 7691 Tbg setting date: 06/23/2023 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: 476' FNL, 343' FEL. Northing confirmed by directional well planner, see attached CAD image.

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
403972018	WELLBORE DIAGRAM
403972020	OTHER

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Sent Back to Draft to correct TPZ footages	10/28/2024

Total: 1 comment(s)