

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:  
403555176

Date Received:  
11/15/2023

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) 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>05-123-48924-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>Booth</u>	Well Number: <u>C35-745</u>
8. Location: QtrQtr: <u>NWNE</u> Section: <u>2</u> Township: <u>3N</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: 07/14/2023 End Date: 08/05/2023 Date this Formation was Completed: 10/09/2023

Perforations Top: 7353 Bottom: 19829 No. Holes: 1652 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 651 bbls 28% HCL, 650,962 bbls slurry, 43,008 bbls recycled water, 1,928,865 lb 100 mesh & 19,106,234 lb 40/70.

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 694621 Max pressure during treatment (psi): 8583

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): 0.93

Total acid used in treatment (bbl): 651 Number of staged intervals: 59

Recycled or Reused Fluids used in treatment (bbl): 43008 Flowback volume recovered (bbl): 0

Fresh water used in treatment (bbl): 650962 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 21035099

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

### Test Information:

10/12/2023 Hours: 24 Bbl oil: 181 Mcf Gas: 377 Bbl H2O: 584

Calculated 24 hour rate: Bbl oil: 181 Mcf Gas: 377 Bbl H2O: 584 GOR: 2083

Test Method: Flowing Casing PSI: 2662 Tubing PSI: 1868 Choke Size: 18/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1339 API Gravity Oil: 42

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6936 Tbg setting date: 09/08/2023 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 35, T4N 64W: 468' FSL, 1668' 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: 11/15/2023 Email kimberlybauer@chevron.com

### ATTACHMENT LIST

Att Doc Num	Name
403555176	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	10/31/2024

Total: 1 comment(s)