

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:  
403555157

Date Received:  
11/08/2023

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>05-123-48922-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>Booth</u>	Well Number: <u>C35-725</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: 7561 Bottom: 20017 No. Holes: 1624 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 666 bbls 28% HCL, 669,786 bbls slurry, 37,006 bbls recycled water, 1,869,132 lb 100 mesh & 19,597,096 lb 40/70.

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 707458 Max pressure during treatment (psi): 8349

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): 0.96

Total acid used in treatment (bbl): 666 Number of staged intervals: 59

Recycled or Reused Fluids used in treatment (bbl): 37006 Flowback volume recovered (bbl): 0

Fresh water used in treatment (bbl): 669786 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 21466228

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

### Test Information:

10/12/2023 Hours: 24 Bbl oil: 363 Mcf Gas: 691 Bbl H2O: 256  
Date: 10/12/2023 Calculated 24 hour rate: Bbl oil: 363 Mcf Gas: 691 Bbl H2O: 256 GOR: 1904  
Test Method: Flowing Casing PSI: 2282 Tubing PSI: 1852 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: 7134 Tbg setting date: 09/10/2023 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: 503' FSL, 419' 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: 11/8/2023 Email: kimberlybauer@chevron.com

### ATTACHMENT LIST

Att Doc Num	Name
403555157	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	11/07/2024

Total: 1 comment(s)