

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:
403468292

Date Received:
08/08/2023

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>05-123-51837-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>GIG-EM STATE</u>	Well Number: <u>Y9-740</u>
8. Location: QtrQtr: <u>NENE</u> Section: <u>16</u> Township: <u>2N</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: 05/05/2023 End Date: 05/24/2023 Date this Formation was Completed: 07/10/2023

Perforations Top: 7546 Bottom: 17371 No. Holes: 1316 Hole size: _____ 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 859 bbls 28% HCL, 559,449 bbls slurry, 1,807,317 lb 100 mesh, 14,969,377 lb 40/70.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 560308 Max pressure during treatment (psi): 8493

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): 0.72

Total acid used in treatment (bbl): 859 Number of staged intervals: 47

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

Fresh water used in treatment (bbl): 559449 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 16776694

Fracture stimulations must be reported on FracFocus.org

Test Information:

07/16/2023 Hours: 24 Bbl oil: 373 Mcf Gas: 442 Bbl H2O: 850
Date Calculated 24 hour rate: Bbl oil: 373 Mcf Gas: 442 Bbl H2O: 850 GOR: 1185
Test Method: Flowing Casing PSI: 1350 Tubing PSI: 1748 Choke Size: 18/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1335 API Gravity Oil: 42
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7138 Tbg setting date: 06/09/2023 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 9, T2N 64W: 208' FSL, 2058' FWL
Drilling Beyond the Unit Boundary Setback:
1. Bottom perf interval 476' FNL, 1957' FEL, Section 4, T2N, R64W
2. This well is a cemented monobore, the wellbore is physically isolated with cement.
3. None of the wellbore beyond the setback was completed.
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: 8/8/2023 Email kimberlybauer@chevron.com

ATTACHMENT LIST

Att Doc Num	Name
403468292	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	11/15/2024

Total: 1 comment(s)