

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:

403468115

Date Received:

08/02/2023

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: 100322  
2. Name of Operator: NOBLE ENERGY INC  
3. Address: 1099 18TH STREET SUITE 1500  
City: DENVER State: CO Zip: 80202  
4. Contact Name: Randy Thweatt  
Phone: (303) 228-4000  
Fax: \_\_\_\_\_  
Email: DenverRegulatory@chevron.onmicrosoft.com

5. API Number 05-123-51734-00  
6. County: WELD  
7. Well Name: GIG-EM STATE  
Well Number: Y9-782  
8. Location: QtrQtr: NENW Section: 16 Township: 2N Range: 64W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

## Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING  
Treatment Date: 04/14/2023 End Date: 05/03/2023 Date this Formation was Completed: 07/07/2023  
Perforations Top: 7792 Bottom: 17587 No. Holes: 1316 Hole size: 40/100 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 578 bbls 28% HCL, 563,059 bbls slurry, 1,995,596 lb 100 mesh, 16,073,601 lb 40/70.

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 563637 Max pressure during treatment (psi): 8389  
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): 0.99  
Total acid used in treatment (bbl): 578 Number of staged intervals: 47  
Recycled or Reused Fluids used in treatment (bbl): Flowback volume recovered (bbl): 0  
Fresh water used in treatment (bbl): 563059 Disposition method for flowback: DISPOSAL  
Total proppant used (lbs): 18069197

Fracture stimulations must be reported on [FracFocus.org](https://www.fracfocus.org)

### Test Information:

07/09/2023 Hours: 24 Bbl oil: 151 Mcf Gas: 234 Bbl H2O: 722  
Date Calculated 24 hour rate: Bbl oil: 151 Mcf Gas: 234 Bbl H2O: 722 GOR: 1550  
Test Method: Flowing Casing PSI: 1481 Tubing PSI: 1756 Choke Size: 18/64  
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1332 API Gravity Oil: 42  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7505 Tbg setting date: 06/01/2023 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 R64W: 204' FSL, 484' FWL

Drilling Beyond the Unit Boundary Setback:

1. Bottom perf interval 477' FNL, 537' FWL, 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: 8/2/2023 Email: kimberlybauer@chevron.com

### ATTACHMENT LIST

Att Doc Num Name

403468115 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	11/18/2024

Total: 1 comment(s)