

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:

403395469

Date Received:

05/12/2023

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) 228-4200

Fax:

Email: denverregulatory@chevron.onmicrosoft.com

5. API Number 05-123-48791-00

7. Well Name: Pioneer

8. Location: QtrQtr: NWNE Section: 7 Township: 2N Range: 64W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: Y18-715

## Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING  
Treatment Date: 02/13/2023 End Date: 03/03/2023 Date this Formation was Completed: 04/17/2023  
Perforations Top: 7905 Bottom: 17932 No. Holes: 1344 Hole size: 0.37 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 335 bbls 28% HCL, 580,275 bbls slurry, 1,979,621 lbs 100 mesh, 16,968,640 lbs 40/70.

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

Total fluid used in treatment (bbl): 580610 Max pressure during treatment (psi): 8438  
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): 0.94  
Total acid used in treatment (bbl): 335 Number of staged intervals: 48  
Recycled or Reused Fluids used in treatment (bbl): \_\_\_\_\_ Flowback volume recovered (bbl): 0  
Fresh water used in treatment (bbl): 580275 Disposition method for flowback: DISPOSAL  
Total proppant used (lbs): 18948261

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

### Test Information:

04/26/2023 Hours: 24 Bbl oil: 317 Mcf Gas: 404 Bbl H2O: 1293  
Date Calculated 24 hour rate: Bbl oil: 317 Mcf Gas: 404 Bbl H2O: 1293 GOR: 1274  
Test Method: Flowing Casing PSI: 1409 Tubing PSI: 1620 Choke Size: 18/64  
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1346 API Gravity Oil: 42  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7557 Tbg setting date: 03/29/2023 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 7, T2N 64W: 216' FNL, 474' 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: Julie Webb  
Title: Sr. Regulatory Analyst Date: 5/12/2023 Email: julie.webb@chevron.com

### ATTACHMENT LIST

Att Doc Num	Name
403395469	FORM 5A SUBMITTED
403401467	OTHER

Total Attach: 2 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Permit review complete - Passed Task Updated Contact per Operator (Chevron)	12/06/2024

Total: 1 comment(s)