

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:

403395546

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 05-123-48767-00

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: Y18-725

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING
Treatment Date: 02/13/2023 End Date: 03/04/2023 Date this Formation was Completed: 04/17/2023
Perforations Top: 7739 Bottom: 17762 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 408 bbls 28% HCL, 578,943 bbls slurry, 1,905,514 lbs 100 mesh, 16,431,607 lbs 40/70.

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

Total fluid used in treatment (bbl): 579351 Max pressure during treatment (psi): 8628
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): 408 Number of staged intervals: 48
Recycled or Reused Fluids used in treatment (bbl): _____ Flowback volume recovered (bbl): 0
Fresh water used in treatment (bbl): 578943 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 18337121

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

Test Information:

04/26/2023 Hours: 24 Bbl oil: 322 Mcf Gas: 449 Bbl H2O: 1236
Date Calculated 24 hour rate: Bbl oil: 322 Mcf Gas: 449 Bbl H2O: 1236 GOR: 1394
Test Method: Flowing Casing PSI: 1380 Tubing PSI: 1565 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: 7390 Tbg setting date: 03/28/2023 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: 217' FNL, 967' 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
403395546	FORM 5A SUBMITTED
403401476	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)