

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:

403406881

Date Received:

06/05/2023

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 05-123-48779-00
6. County: WELD
7. Well Name: Pioneer
Well Number: Y18-735
8. Location: QtrQtr: NWNE Section: 7 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: 02/13/2023 End Date: 03/04/2023 Date this Formation was Completed: 05/15/2023
Perforations Top: 7592 Bottom: 17608 No. Holes: 1400 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 336 bbls 28% HCL, 577128 bbls slurry, 1891204 lb 100 mesh, 16366400 lb 40/70.

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

Total fluid used in treatment (bbl): 577464 Max pressure during treatment (psi): 8265
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): 336 Number of staged intervals: 48
Recycled or Reused Fluids used in treatment (bbl): _____ Flowback volume recovered (bbl): 0
Fresh water used in treatment (bbl): 577128 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 18257604

Fracture stimulations must be reported on FracFocus.org

Test Information:

05/17/2023 Hours: 24 Bbl oil: 120 Mcf Gas: 83 Bbl H2O: 280
Date Calculated 24 hour rate: Bbl oil: 120 Mcf Gas: 83 Bbl H2O: 280 GOR: 692
Test Method: Flowing Casing PSI: 1339 Tubing PSI: 1727 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: 7247 Tbg setting date: 05/05/2023 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, 1569' FEL. Nothing confirmed by directional well planner.

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: 6/5/2023 Email: julie.webb@chevron.com

ATTACHMENT LIST

Att Doc Num	Name
403406881	FORM 5A SUBMITTED
403419278	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)