

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: <u>100322</u>	4. Contact Name: <u>Randy Thweatt</u>
2. Name of Operator: <u>NOBLE ENERGY INC</u>	Phone: <u>(303) 228-4200</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>05-123-48779-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>Pioneer</u>	Well Number: <u>Y18-735</u>
8. Location: QtrQtr: <u>NWNE</u> Section: <u>7</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: 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

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. Northing 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**

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

Total: 1 comment(s)