

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



DE	ET	OE	ES
----	----	----	----

Document Number:

403721554

Date Received:

03/20/2024

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 05-123-49057-00

7. Well Name: Shelton

8. Location: QtrQtr: NWNW Section: 1 Township: 3N Range: 65W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: H03-675

## Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING  
Treatment Date: 12/26/2023 End Date: 01/11/2024 Date this Formation was Completed: 02/23/2024  
Perforations Top: 7367 Bottom: 17290 No. Holes: 1316 Hole size: 0.38 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 583 bbls 28% HCL, 509435 bbls slurry, 56835 bbls recycled water, 17018958 lbs 100 mesh

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

Total fluid used in treatment (bbl): 566853 Max pressure during treatment (psi): 8209  
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): 0.96  
Total acid used in treatment (bbl): 583 Number of staged intervals: 47  
Recycled or Reused Fluids used in treatment (bbl): 56835 Flowback volume recovered (bbl): 0  
Fresh water used in treatment (bbl): 509435 Disposition method for flowback: DISPOSAL  
Total proppant used (lbs): 17018958

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

### Test Information:

03/03/2024 Hours: 24 Bbl oil: 349 Mcf Gas: 4229 Bbl H2O: 837  
Date Calculated 24 hour rate: Bbl oil: 349 Mcf Gas: 4229 Bbl H2O: 837 GOR: 12117  
Test Method: Flowing Casing PSI: 2590 Tubing PSI: 1979 Choke Size: 18/64  
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1260 API Gravity Oil: 42  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7218 Tbg setting date: 02/16/2024 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:

TPZ calculation: Actual TPZ is Sec 2, T3N 65W: 1008' FNL, 182' FEL

Drilling Beyond the Unit Boundary Setback:

1. Bottom perf interval 979' FNL, 670' FWL, Section 3, T3N, R65W
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: 3/20/2024 Email: kimberlybauer@chevron.com

### ATTACHMENT LIST

Att Doc Num Name

403721554	FORM 5A SUBMITTED
403721729	WELLBORE DIAGRAM

Total Attach: 2 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Permit review complete - Passed Task	12/16/2024

Total: 1 comment(s)