

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:
404042388

Date Received:

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) 829-2393</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.com</u>

5. API Number <u>05-123-48647-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>Guttersen Federal State</u>	Well Number: <u>YY05-765</u>
8. Location: QtrQtr: <u>SESW</u> Section: <u>29</u> Township: <u>3N</u> Range: <u>63W</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: 10/08/2024 End Date: 10/18/2024 Date this Formation was Completed: 12/11/2024

Perforations Top: 7285 Bottom: 17252 No. Holes: 1022 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 433 bbls 28% HCL, 479,422 bbls slurry, 18,090,569 lb 40/140.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 479855 Max pressure during treatment (psi): 8466

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): 0.95

Total acid used in treatment (bbl): 433 Number of staged intervals: 34

Recycled or Reused Fluids used in treatment (bbl): _____ Flowback volume recovered (bbl): 0

Fresh water used in treatment (bbl): 479422 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 18090569

Fracture stimulations must be reported on FracFocus.org

Test Information:

12/16/2024 Hours: 24 Bbl oil: 670 Mcf Gas: 374 Bbl H2O: 950
Date Calculated 24 hour rate: Bbl oil: 670 Mcf Gas: 374 Bbl H2O: 950 GOR: 558
Test Method: Flowing Casing PSI: 756 Tubing PSI: 1154 Choke Size: 16/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1333 API Gravity Oil: 42
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6918 Tbg setting date: 11/12/2024 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:

Actual TPZ is Sec 32, T3N 63W: 366' FNL, 1737' FWL

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: _____ Email: DenverRegulatory@chevron.com

ATTACHMENT LIST

Att Doc Num	Name
404042392	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)