

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:
404453594

Date Received:

COMPLETED INTERVAL REPORT

The Completed Interval Report, Form 5A, will be submitted by the Operator within thirty (30) days after the operations listed in Rule 416.a. The Operator will report the details of any Stimulation performed including, but not limited to, Hydraulic Fracturing Treatment and acidizing Stimulation. In order to resolve completed interval information uncertainties, the Director may require an Operator to submit further information in an additional Form 5A.

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: Mo Montoya
Phone: (303) 228-4000
Fax: _____
Email: DenverRegulatory@chevron.com

5. API Number 05-123-52127-00

6. County: WELD

7. Well Name: Gabel Well Number: A10-615

8. Location: QtrQtr: NWSE Section: 12 Township: 6N Range: 64W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

10. If Directional, footage at Top of Prod. Zone: 277 Feet FSL 2424 Feet FWL
Sec: 12 Twp: 6 Rng: 64

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 09/28/2025 End Date: 10/16/2025 Date this Formation was Completed: 11/12/2025

Perforations Top: 7521 Bottom: 17594 No. Holes: 1337 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 730 bbls 28% HCL, 296,740 bbls slurry, 48,758,695 lb 40/140.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 297470 Max pressure during treatment (psi): 8354

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): 0.88

Total acid used in treatment (bbl): 730 Number of staged intervals: 48

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

Recycled Produced Water Alternative used in treatment (bbls): _____

Fresh water used in treatment (bbl): 296740 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 48758695

Fracture stimulations must be reported on FracFocus.org

Test Information:

11/19/2025 Hours: 24 Bbl oil: 159 Mcf Gas: 200 Bbl H2O: 779

Calculated 24 hour rate: Bbl oil: 159 Mcf Gas: 200 Bbl H2O: 779 GOR: 1258

Test Method: Flowing Casing PSI: 1079 Tubing PSI: 1325 Choke Size: 18/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1364 API Gravity Oil: 42

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6991 Tbg setting date: 11/08/2025 Packer Depth: 6971

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:

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 III Date: _____ Email: DenverRegulatory@chevron.com

ATTACHMENT LIST

Att Doc Num	Name
404453595	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
Permit	RTD per operator request	12/10/2025

Total: 1 comment(s)