

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:
404606097

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 05-123-52449-00

6. County: WELD

7. Well Name: GUTTERSEN Well Number: Y12-773

8. Location: QtrQtr: SWSE Section: 12 Township: 2N Range: 64W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

10. If Directional, footage at Top of Prod. Zone: 202 Feet FSL 1178 Feet FWL
 Sec: 12 Twp: 2N Rng: 64W

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 01/16/2026 End Date: 02/06/2026 Date this Formation was Completed: 03/13/2026

Perforations Top: 7519 Bottom: 17630 No. Holes: 1344 Hole size: 38/100 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 601 bbls 28% HCL, 486,860 bbls slurry, 18,156,173 lb 40/140.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 487461 Max pressure during treatment (psi): 8532

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): 601 Number of staged intervals: 42

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): 486860 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 18156173

Fracture stimulations must be reported on FracFocus.org

Test Information:

03/22/2026 Hours: 24 Bbl oil: 596 Mcf Gas: 325 Bbl H2O: 621

Calculated 24 hour rate: Bbl oil: 596 Mcf Gas: 325 Bbl H2O: 621 GOR: 545

Test Method: Flowing Casing PSI: 868 Tubing PSI: 1408 Choke Size: 18/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1280 API Gravity Oil: 42

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7047 Tbg setting date: 03/10/2026 Packer Depth: 7030

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.

Nothing confirmed by directional well planner. See attached CAD image.

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
404612555	WELLSBORE DIAGRAM
404613683	OTHER

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)