

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:
404606138

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 05-123-52456-00

6. County: WELD

7. Well Name: GUTTERSEN Well Number: Y12-782

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 512 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: 7771 Bottom: 17877 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 618 bbls 28% HCL, 482,752 bbls slurry, 17,839,424 lb 40/140.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 483370 Max pressure during treatment (psi): 8446

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): 618 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): 482752 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 17839424

Fracture stimulations must be reported on FracFocus.org

Test Information:

03/25/2026 Hours: 24 Bbl oil: 595 Mcf Gas: 560 Bbl H2O: 718

Calculated 24 hour rate: Bbl oil: 595 Mcf Gas: 560 Bbl H2O: 718 GOR: 941

Test Method: Flowing Casing PSI: 387 Tubing PSI: 1100 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: 7264 Tbg setting date: 03/11/2026 Packer Depth: 7252

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.

Northing 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
404612613	WELLSBORE DIAGRAM
404613685	OTHER

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)