

FORM
5A
Rev
09/20



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Document Number:
404616169

Date Received:
04/17/2026

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: <u>100322</u>	4. Contact Name: <u>Mo Montoya</u>
2. Name of Operator: <u>NOBLE ENERGY INC</u>	Phone: <u>(303) 228-4000</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>05-123-52453-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>GUTTERSEN</u>	Well Number: <u>YY18-785</u>
8. Location: QtrQtr: <u>SWNE</u> Section: <u>18</u> Township: <u>2N</u> Range: <u>63W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

10. If Directional, footage at Top of Prod. Zone: <u>2441</u> Feet <u>FNL</u> <u>349</u> Feet <u>FWL</u>
Sec: <u>18</u> Twp: <u>2N</u> Rng: <u>63W</u>

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 02/09/2026 End Date: 02/23/2026 Date this Formation was Completed: 03/19/2026

Perforations Top: 8174 Bottom: 15638 No. Holes: 992 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 426 bbls 28% HCl, 355,696 bbls slurry, 13,449,042 lbs 40/140 sand

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 356122 Max pressure during treatment (psi): 8300

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 8.46

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.98

Total acid used in treatment (bbl): 426 Number of staged intervals: 31

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): 355696 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 13449042

Fracture stimulations must be reported on FracFocus.org

Test Information:

03/30/2026 Hours: 24 Bbl oil: 422 Mcf Gas: 191 Bbl H2O: 1051

Calculated 24 hour rate: Bbl oil: 422 Mcf Gas: 191 Bbl H2O: 1051 GOR: 453

Test Method: Flowing Casing PSI: 947 Tubing PSI: 1180 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1365 API Gravity Oil: 42

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7604 Tbg setting date: 03/12/2026 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:

This well did not flowback, it 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: 4/17/2026 Email: denverregulatory@chevron.com

ATTACHMENT LIST

Att Doc Num	Name
404616169	FORM 5A SUBMITTED
404624591	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Permit review complete Form 7 checked for accuracy - accuracy confirmed WBD checked for accuracy - accuracy confirmed	06/04/2026

Total: 1 comment(s)