

FORM
5A

Rev
06/12

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Date Received:

05/02/2012

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. OGCC Operator Number: 100322
2. Name of Operator: NOBLE ENERGY INC
3. Address: 1625 BROADWAY STE 2200
City: DENVER State: CO Zip: 80202
4. Contact Name: Andrea Rawson
Phone: (303) 228-4253
Fax: (303) 228-4286

5. API Number 05-123-32838-00
6. County: WELD
7. Well Name: DECHANT D
Well Number: 31-22D
8. Location: QtrQtr: NESE Section: 31 Township: 3N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J SAND Status: PRODUCING Treatment Type:
Treatment Date: 07/08/2011 End Date: Date of First Production this formation: 08/27/2011
Perforations Top: 7619 Bottom: 7667 No. Holes: 88 Hole size:
Provide a brief summary of the formation treatment: Open Hole: ☐

Frac' J-Sand with 147,383 gals of Slick Water and Silverstim with 281,000#'s of Ottawa sand.
J-Sand producing through composite flow through plug.

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): Max pressure during treatment (psi):
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):
Type of gas used in treatment: Number of staged intervals:
Total acid used in treatment (bbl): Max frac gradient (psi/ft):
Recycled water used in treatment (bbl): Flowback volume recovered (bbl):
Fresh water used in treatment (bbl): Disposition method for flowback:
Total proppant used (lbs): Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 09/02/2011 Hours: 24 Bbl oil: 39 Mcf Gas: 270 Bbl H2O: 17
Calculated 24 hour rate: Bbl oil: 39 Mcf Gas: 270 Bbl H2O: 17 GOR: 6923
Test Method: Flowing Casing PSI: 650 Tubing PSI: 0 Choke Size: 12
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1303 API Gravity Oil: 53
Tubing Size: Tubing Setting Depth: Tbg setting date: 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:

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type: _____
Treatment Date: 07/08/2011 End Date: _____ Date of First Production this formation: 08/27/2011
Perforations Top: 6919 Bottom: 7169 No. Holes: 96 Hole size: _____
Provide a brief summary of the formation treatment: _____ Open Hole: ☐

Niobrara perms 6919-7034 (48 holes), Codell perms 7157-7169 (48 holes).
Frac'd Niobrara and Codell with 259,595 gals of Slick Water, silverstim, and 15% HCl with 449,800#'s of Ottawa sand.
Commingled Codell and Niobrara.
Codell producing through composite flow through plug.

This formation is commingled with another formation: ☐ Yes ☒ No
Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____
Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____
Type of gas used in treatment: _____ Number of staged intervals: _____
Total acid used in treatment (bbl): _____ Max frac gradient (psi/ft): _____
Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____
Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized: ☐
Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 09/02/2011 Hours: 24 Bbl oil: 39 Mcf Gas: 270 Bbl H2O: 17
Calculated 24 hour rate: Bbl oil: 39 Mcf Gas: 270 Bbl H2O: 17 GOR: 7436
Test Method: Flowing Casing PSI: 650 Tubing PSI: 0 Choke Size: 12
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1303 API Gravity Oil: 53
Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ 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: _____

Comment: _____

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Andrea Rawson
Title: Regulatory Specialist Date: 5/2/2012 Email: arawson@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400280104	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)