

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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Document Number:

400280193

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: Eileen Roberts

Phone: (303) 2284330

Fax: (303) 2284286

5. API Number 05-123-33207-00

7. Well Name: GOETZ

8. Location: QtrQtr: SENW Section: 22 Township: 2N Range: 64W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: Y22-06

Completed Interval

FORMATION: J SAND Status: SHUT IN Treatment Type: _____

Treatment Date: 12/07/2011 End Date: _____ Date of First Production this formation: 01/27/2012

Perforations Top: 7582 Bottom: 7615 No. Holes: 76 Hole size: 0.4

Provide a brief summary of the formation treatment: _____ Open Hole: ☐

Frac'd the J-Sand w/ 147984 gals of Silverstim and Slick Water with 281,540#s of Ottawa sand.

The J-Sand is under a bridge 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: 02/01/2012 Hours: 24 Bbl oil: 15 Mcf Gas: 29 Bbl H2O: 2

Calculated 24 hour rate: Bbl oil: 15 Mcf Gas: 29 Bbl H2O: 2 GOR: 1933

Test Method: FLOWING Casing PSI: 690 Tubing PSI: 0 Choke Size: 014/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1214 API Gravity Oil: 43

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 Status: PRODUCING Treatment Type: _____
Treatment Date: 12/07/2011 End Date: _____ Date of First Production this formation: 01/27/2012
Perforations Top: 6899 Bottom: 7139 No. Holes: 88 Hole size: 0
Provide a brief summary of the formation treatment: Open Hole: ☐

Fra'cd the Niobrara-Codell w/ 262748 gals of Silverstim and Slick Water with 456,500#s of Ottawa sand.

The Codell is under a bridge 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: 02/01/2012 Hours: 24 Bbl oil: 15 Mcf Gas: 29 Bbl H2O: 2
Calculated 24 hour rate: Bbl oil: 15 Mcf Gas: 29 Bbl H2O: 2 GOR: 1933
Test Method: FLOWING Casing PSI: 690 Tubing PSI: 0 Choke Size: 014/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1214 API Gravity Oil: 43
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: Eileen Roberts

Title: Regulatory Specialist Date: 5/2/2012 Email: eroberts@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400280193	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)