

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:

400260284

Date Received:

03/12/2012

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 05-123-12472-00
6. County: WELD
7. Well Name: BEITMAN
Well Number: 4-1
8. Location: QtrQtr: SWSE Section: 4 Township: 6N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type: FRACTURE

Treatment Date: 11/01/2011 End Date: Date of First Production this formation: 11/15/2011

Perforations Top: 7072 Bottom: 7220 No. Holes: 48 Hole size:

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

Re-Frac'd Niobrara w/ 150,989 gals of 255,136#s of Ottawa sand.

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: 12/16/2011 Hours: 24 Bbl oil: 14 Mcf Gas: 126 Bbl H2O: 4

Calculated 24 hour rate: Bbl oil: 14 Mcf Gas: 126 Bbl H2O: 4 GOR: 9000

Test Method: Flowing Casing PSI: 620 Tubing PSI: 160 Choke Size: 16

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1315 API Gravity Oil: 47

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7333 Tbg setting date: 11/07/2011 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:

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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: 3/12/2012 Email arawson@nobleenergyinc.com
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Attachment Check List

Att Doc Num	Name
400260284	FORM 5A SUBMITTED
400260296	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)