

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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400271557

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04/12/2012

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 05-123-32570-00

7. Well Name: FIVE RIVERS USX K

8. Location: QtrQtr: SWSW Section: 3 Township: 4N Range: 66W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: 09-01D

### Completed Interval

FORMATION: NIOBARRA-CODELL Status: PRODUCING Treatment Type: \_\_\_\_\_  
Treatment Date: 08/22/2011 End Date: \_\_\_\_\_ Date of First Production this formation: 09/16/2011  
Perforations Top: 7206 Bottom: 7524 No. Holes: 108 Hole size: \_\_\_\_\_  
Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐

Niobrara perms 7206-7322 (48 holes), Codell perms 7509-7524 (60 holes).  
Frac'd Niobrara and Codell with 290,940 gals of Slick water, Silverstim and 15% HCl with 497,500#s of Ottawa sand.  
Commingled Codell and Niobrara.  
Codell producing through composite flow 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: 09/23/2011 Hours: 24 Bbl oil: 40 Mcf Gas: 686 Bbl H2O: 16  
Calculated 24 hour rate: Bbl oil: 40 Mcf Gas: 686 Bbl H2O: 16 GOR: 17150  
Test Method: Flowing Casing PSI: 1640 Tubing PSI: 0 Choke Size: 10  
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1195 API Gravity Oil: 61  
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: 4/12/2012 Email: arawson@nobleenergyinc.com

### Attachment Check List

Att Doc Num	Name
400271557	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)