

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:

03/27/2012

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 05-123-34310-00

7. Well Name: SHAKLEE USX

8. Location: QtrQtr: SENW

Section: 25

Township: 2N

Range: 65W

Meridian: 6

9. Field Name: WATTENBERG

Field Code: 90750

6. County: WELD

Well Number: X25-02D

Completed Interval

FORMATION: J SAND		Status: PRODUCING		Treatment Type: _____	
Treatment Date: 12/21/2011		End Date: _____		Date of First Production this formation: 01/19/2012	
Perforations	Top: 7934	Bottom: 7965	No. Holes: 88	Hole size: 0.4	

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

Frac'd the J-Sand w/ 150819 gals of Silverstim and Slick Water with 271,263#s of Ottawa sand.

The J-Sand is producing through a 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: <input type="checkbox"/>

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 01/27/2012	Hours: 24	Bbl oil: 25	Mcf Gas: 30	Bbl H2O: 5
Calculated 24 hour rate:	Bbl oil: 25	Mcf Gas: 30	Bbl H2O: 5	GOR: 1200
Test Method: FLOWING	Casing PSI: 180	Tubing PSI: 0	Choke Size: 012/64	
Gas Disposition: SOLD	Gas Type: WET	Btu Gas: 1277	API Gravity Oil: 46	
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: 12/21/2011 End Date: _____ Date of First Production this formation: 01/19/2012
Perforations Top: 7245 Bottom: 7495 No. Holes: 96 Hole size: 0
Provide a brief summary of the formation treatment: _____ Open Hole: ☐

Frac'd the Niobrara-Codell w/ 270054 gals of Silverstim and Slick Water with 488,827#s of Ottawa sand.

The Codell is producing through a Composite Flow Through Plug.

Commingling the Niobrara and Codell.

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: 01/27/2012 Hours: 24 Bbl oil: 25 Mcf Gas: 30 Bbl H2O: 5
Calculated 24 hour rate: Bbl oil: 25 Mcf Gas: 30 Bbl H2O: 5 GOR: 1200
Test Method: FLOWING Casing PSI: 180 Tubing PSI: 0 Choke Size: 012/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1277 API Gravity Oil: 46
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: 3/27/2012 Email: eroberts@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400265148	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)