

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:

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Date Received:

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: JEAN MUSE-REYNOLDS
Phone: (303) 228-4316
Fax: (303) 228-4286

5. API Number 05-123-33397-00
6. County: WELD
7. Well Name: ULRICH PC I
Well Number: 17-08
8. Location: QtrQtr: SENE Section: 17 Township: 6N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 03/01/2012 End Date: 03/01/2012 Date of First Production this formation: 03/03/2012

Perforations Top: 7198 Bottom: 7214 No. Holes: 64 Hole size: 0.4

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

The Codell is producing through a composite flow through plug.

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

Total fluid used in treatment (bbl): 3014 Max pressure during treatment (psi): 4678

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment: Number of staged intervals: 7

Total acid used in treatment (bbl): Max frac gradient (psi/ft): 0.09

Recycled water used in treatment (bbl): Flowback volume recovered (bbl):

Fresh water used in treatment (bbl): Disposition method for flowback:

Total proppant used (lbs): 209773 Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:

Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:

Test Method: Casing PSI: Tubing PSI: Choke Size:

Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7178 Tbg setting date: 03/13/2012 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: <u>NIOBRARA-CODELL</u>		Status: <u>PRODUCING</u>		Treatment Type: <u>FRACTURE STIMULATION</u>	
Treatment Date: <u>03/01/2012</u>		End Date: <u>03/01/2012</u>		Date of First Production this formation: <u>03/02/2012</u>	
Perforations	Top: <u>6888</u>	Bottom: <u>7214</u>	No. Holes: <u>112</u>	Hole size: <u>0.4</u>	

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

The Codell 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 checked="" type="checkbox"/>

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: <u>03/09/2012</u>	Hours: <u>24</u>	Bbl oil: <u>62</u>	Mcf Gas: <u>105</u>	Bbl H2O: <u>24</u>
Calculated 24 hour rate:	Bbl oil: <u>62</u>	Mcf Gas: <u>105</u>	Bbl H2O: <u>24</u>	GOR: <u>1694</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>500</u>	Tubing PSI: <u>0</u>	Choke Size: <u>16/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	Btu Gas: <u>1295</u>	API Gravity Oil: <u>46</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7178</u>	Tbg setting date: <u>03/13/2012</u>	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: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 03/01/2012 End Date: 03/01/2012 Date of First Production this formation: 03/03/2012

Perforations Top: 6888 Bottom: 7034 No. Holes: 48 Hole size: 0.69

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

The Codell is producing through a composite flow through plug.

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

Total fluid used in treatment (bbl): 3925 Max pressure during treatment (psi): 4505

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment: Number of staged intervals: 7

Total acid used in treatment (bbl): Max frac gradient (psi/ft): 0.95

Recycled water used in treatment (bbl): Flowback volume recovered (bbl):

Fresh water used in treatment (bbl): Disposition method for flowback:

Total proppant used (lbs): 212557 Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:

Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:

Test Method: Casing PSI: Tubing PSI: Choke Size:

Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7178 Tbg setting date: 03/13/2012 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: JEAN MUSE-REYNOLDS

Title: REGULATORY COMPLIANCE Date: Email: jmuse@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)