

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: Tania McNutt

Phone: (303) 228-4392

Fax: (303) 228-4286

5. API Number 05-123-34390-00

7. Well Name: OSTER

8. Location: QtrQtr: NESW Section: 18 Township: 4N Range: 64W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: C19-27D

Completed Interval

FORMATION: <u>CODELL</u>		Status: <u>COMMINGLED</u>		Treatment Type: <u>FRACTURE STIMULATION</u>	
Treatment Date: <u>01/25/2012</u>		End Date: <u>01/25/2012</u>		Date of First Production this formation: <u>01/26/2012</u>	
Perforations	Top: <u>7752</u>	Bottom: <u>7764</u>	No. Holes: <u>48</u>	Hole size: <u>0.4</u>	

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

Pumped 251,442 lbs of Ottawa Proppant and 117,833 gallons of 15% HCL, Slick Water and Silverstim.
 The Codell is producing through a composite flow through plug
 Commingle the Niobrara and Codell

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

Total fluid used in treatment (bbl): <u>3085</u>	Max pressure during treatment (psi): <u>4534</u>
Total gas used in treatment (mcf): _____	Fluid density at initial fracture (lbs/gal): _____
Type of gas used in treatment: _____	Number of staged intervals: <u>1</u>
Total acid used in treatment (bbl): _____	Max frac gradient (psi/ft): <u>0.84</u>
Recycled water used in treatment (bbl): _____	Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____	Disposition method for flowback: <u>RECYCLE</u>
Total proppant used (lbs): <u>251442</u>	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: _____	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: _____	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: FRACTURE STIMULATION	
Treatment Date: 01/25/2012		End Date: 01/25/2012		Date of First Production this formation: 01/26/2012	
Perforations	Top: 7527	Bottom: 7764	No. Holes: 72	Hole size: _____	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
This formation is commingled with another formation:			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: 01/30/2012	Hours: 24	Bbl oil: 46	Mcf Gas: 267	Bbl H2O: 80	
Calculated 24 hour rate:	Bbl oil: 46	Mcf Gas: 267	Bbl H2O: 80	GOR: 5804	
Test Method: FLOWING	Casing PSI: 700	Tubing PSI: _____	Choke Size: 12/64		
Gas Disposition: SOLD	Gas Type: WET	Btu Gas: 1255	API Gravity Oil: 55		
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____		
Reason for Non-Production: _____					
Date formation Abandoned: _____	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____			
Bridge Plug Depth: _____		Sacks cement on top: _____			

FORMATION: NIOBRARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION
Treatment Date: 01/25/2012 End Date: 01/25/2012 Date of First Production this formation: 01/26/2012
Perforations Top: 7527 Bottom: 7648 No. Holes: 24 Hole size: 0.71
Provide a brief summary of the formation treatment: Open Hole: ☐

Pumped 246,913 lbs of Ottawa Proppant and 154,547 gallons of Slick Water and Silverstim.
Commingle the Niobrara and Codell

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

Total fluid used in treatment (bbl): 3947 Max pressure during treatment (psi): 4757
Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____
Type of gas used in treatment: _____ Number of staged intervals: 1
Total acid used in treatment (bbl): _____ Max frac gradient (psi/ft): 0.93
Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____ Disposition method for flowback: RECYCLE
Total proppant used (lbs): 246912 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: _____ 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: Tania McNutt
Title: Regulatory Analyst Date: _____ Email: tmcnutt@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)