

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:

400280028

Date Received:

05/02/2012

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 05-123-34558-00

7. Well Name: Ocoma

8. Location: QtrQtr: SESW Section: 31 Township: 4N Range: 64W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: C31-20D

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type: _____
Treatment Date: 01/28/2012 End Date: _____ Date of First Production this formation: 01/30/2012
Perforations Top: 7187 Bottom: 7422 No. Holes: 82 Hole size: 0

Provide a brief summary of the formation treatment:

Open Hole: ☐

Frac'd the Niobrara-codell w/ 298240 gals of 15% HCl and Slick Water with 403,076#'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: 02/03/2012 Hours: 24 Bbl oil: 78 Mcf Gas: 466 Bbl H2O: 98
Calculated 24 hour rate: Bbl oil: 78 Mcf Gas: 466 Bbl H2O: 98 GOR: 5974
Test Method: FLOWING Casing PSI: 1100 Tubing PSI: 0 Choke Size: 012/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1266 API Gravity Oil: 58
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: 5/2/2012 Email: eroberts@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400280028	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	waiting on form 5	6/4/2012 10:06:20 AM

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