

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:

400277334

Date Received:

04/26/2012

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 05-123-33673-00

7. Well Name: CALVARY USX

8. Location: QtrQtr: SWNW Section: 29 Township: 7N Range: 65W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: EE29-04D

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type: _____
Treatment Date: 11/03/2011 End Date: _____ Date of First Production this formation: 11/07/2011
Perforations Top: 7111 Bottom: 7416 No. Holes: 92 Hole size: _____
Provide a brief summary of the formation treatment: _____ Open Hole: ☐

Niobrara perms 7111-7248 (48 holes), Codell perms 7405-7416 (44 holes).
Frac'd Niobrara and codell with 264,255 gals of Slick water, Silverstim, and 15% HCl with 444,520#s Of Ottawa sand.
Codell producing through composite flow through plug.
Commingled Codell and Niobrara.

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: _____ Max frac gradient (psi/ft): _____
Total acid used in treatment (bbl): _____ Number of staged intervals: _____
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: 11/18/2011 Hours: 24 Bbl oil: 6 Mcf Gas: 2 Bbl H2O: 10
Calculated 24 hour rate: Bbl oil: 6 Mcf Gas: 2 Bbl H2O: 10 GOR: 333
Test Method: Flowing Casing PSI: 312 Tubing PSI: 0 Choke Size: 24
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1421 API Gravity Oil: 43
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: _____ ** Wireline and Cement Job Summary must be attached.

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: 4/26/2012 Email: arawson@nobleenergyinc.com
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Attachment Check List

Att Doc Num	Name
400277334	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)