

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:

400311712

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: Eileen Roberts

Phone: (303) 2284330

Fax: (303) 2284286

5. API Number 05-123-34169-00

7. Well Name: BRANDT USX

8. Location: QtrQtr: NWSE Section: 13 Township: 1N Range: 66W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: WW13-08D

Completed Interval

FORMATION: <u>CODELL</u>		Status: <u>COMMINGLED</u>		Treatment Type: <u>FRACTURE STIMULATION</u>	
Treatment Date: <u>02/01/2012</u>		End Date: <u>02/01/2012</u>		Date of First Production this formation: <u>02/07/2012</u>	
Perforations	Top: <u>7815</u>	Bottom: <u>7827</u>	No. Holes: <u>48</u>	Hole size: <u>0.42</u>	

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

Frac'd the Codell w/ 115752 gals of Silverstim and Fresh Water 15% HCl with 244,120#'s of Ottawa sand.

Commingle the Niobrara and Codell.

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

Total fluid used in treatment (bbl): <u>3032</u>	Max pressure during treatment (psi): <u>3438</u>
Total gas used in treatment (mcf): <u>0</u>	Fluid density at initial fracture (lbs/gal): <u>8.34</u>
Type of gas used in treatment: _____	Max frac gradient (psi/ft): <u>0.82</u>
Total acid used in treatment (bbl): <u>15</u>	Number of staged intervals: <u>7</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>500507</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: _____ ** Wireline and Cement Job Summary must be attached.

FORMATION: J-D-CODELL-NIOBRARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 02/01/2012 End Date: 02/01/2012 Date of First Production this formation: 02/07/2012

Perforations Top: 7584 Bottom: 8287 No. Holes: 168 Hole size: 0

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

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: 02/09/2012 Hours: 24 Bbl oil: 16 Mcf Gas: 9 Bbl H2O: 20

Calculated 24 hour rate: Bbl oil: 16 Mcf Gas: 9 Bbl H2O: 20 GOR: 562

Test Method: FLOWING Casing PSI: 750 Tubing PSI: 0 Choke Size: 010/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1266 API Gravity Oil: 47

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.

FORMATION: NIOBRARA		Status: COMMINGLED		Treatment Type: FRACTURE STIMULATION	
Treatment Date: 02/01/2012		End Date: 02/02/2012		Date of First Production this formation: 02/07/2012	
Perforations Top: 7584		Bottom: 7674		No. Holes: 48 Hole size: 0.72	
Provide a brief summary of the formation treatment:				Open Hole: <input type="checkbox"/>	
<div>Frac'd the Niobrara w/156556 gals of Silverstim and Slick Water with 253,600#'s of Ottawa sand.</div> <div>Commingle the Niobrara and Codell.</div>					
This formation is commingled with another formation:				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Total fluid used in treatment (bbl): 4005		Max pressure during treatment (psi): 4296			
Total gas used in treatment (mcf): 0		Fluid density at initial fracture (lbs/gal): 8.34			
Type of gas used in treatment:		Max frac gradient (psi/ft): 0.84			
Total acid used in treatment (bbl): 0		Number of staged intervals: 7			
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): 509959		Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/>			
Reason why green completion not utilized:					
<div>Fracture stimulations must be reported on FracFocus.org</div>					
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: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, number of sacks cmt	
** Bridge Plug Depth:		** Sacks cement on top:		** Wireline and Cement Job Summary must be attached.	
Comment:					
<div>I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.</div> <div>Signed: _____ Print Name: Eileen Roberts</div> <div>Title: Regulatory Specialist Date: _____ Email: eroberts@nobleenergyinc.com</div>					
Attachment Check List					
Att Doc Num		Name			
Total Attach: 0 Files					
General Comments					
User Group		Comment			Comment Date
Total: 0 comment(s)					