

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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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: Sarah Finnegan
Phone: (720) 587-2265
Fax: (303) 228-4286

5. API Number 05-123-31466-00
6. County: WELD
7. Well Name: UPV P Well Number: 05-21D
8. Location: QtrQtr: NWSE Section: 5 Township: 3N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 03/29/2012 End Date: 03/29/2012 Date of First Production this formation: 06/12/2012

Perforations Top: 7234 Bottom: 7254 No. Holes: 80 Hole size: 0.4

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

Pumped 261,319 lbs of Ottawa Proppant and 119,043 gallons of Slick Water and Silverstim.

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

Total fluid used in treatment (bbl): 2834 Max pressure during treatment (psi): 4109

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment: Max frac gradient (psi/ft): 0.75

Total acid used in treatment (bbl): Number of staged intervals: 6

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): 261319 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: ** Wireline and Cement Job Summary must be attached.

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

Treatment Date: 03/27/2012 End Date: 03/29/2012 Date of First Production this formation: 06/08/2012

Perforations Top: 7234 Bottom: 7719 No. Holes: 144 Hole size: _____

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: 06/16/2012 Hours: 24 Bbl oil: 11 Mcf Gas: 471 Bbl H2O: 7

Calculated 24 hour rate: Bbl oil: 11 Mcf Gas: 471 Bbl H2O: 7 GOR: 42818

Test Method: Flowing Casing PSI: 811 Tubing PSI: 0 Choke Size: 10/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1173 API Gravity Oil: 49

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7672 Tbg setting date: 07/26/2012 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: _____ ** Wireline and Cement Job Summary must be attached.

FORMATION: J SAND		Status: PRODUCING		Treatment Type: FRACTURE STIMULATION	
Treatment Date: 03/27/2012		End Date: 03/29/2012		Date of First Production this formation: 06/12/2012	
Perforations Top: 7703		Bottom: 7719		No. Holes: 64 Hole size: 0.42	
Provide a brief summary of the formation treatment:				Open Hole: <input type="checkbox"/>	
Pumped 265,644 lbs of Ottawa Proppant, 11,501 lbs of SB Excel Proppant and 145,683 gallons of Slick Water and Silverstim.					
This formation is commingled with another formation:				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Total fluid used in treatment (bbl): 3469		Max pressure during treatment (psi): 3944			
Total gas used in treatment (mcf):		Fluid density at initial fracture (lbs/gal): 8.34			
Type of gas used in treatment:		Max frac gradient (psi/ft): 0.73			
Total acid used in treatment (bbl):		Number of staged intervals: 10			
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): 277145		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:		<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:					
I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.					
Signed:		Print Name: Sarah Finnegan			
Title: Regulatory Analyst		Date:		Email: sfinnegan@nobleenergyinc.com	
Attachment Check List					
Att Doc Num		Name			
Total Attach: 0 Files		General Comments			
User Group		Comment		Comment Date	
Total: 0 comment(s)					