

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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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 05-123-34185-00
6. County: WELD
7. Well Name: McKay Federal
Well Number: AB02-15
8. Location: QtrQtr: SWSE Section: 2 Township: 7N Range: 64W Meridian: 6
9. Field Name: TOM CAT Field Code: 82390

Completed Interval

FORMATION: LYONS Status: PRODUCING Treatment Type:
Treatment Date: 04/24/2012 End Date: 04/24/2012 Date of First Production this formation: 04/24/2012
Perforations Top: 8828 Bottom: 8850 No. Holes: 80 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐

No Fluids.

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: 04/27/2012 Hours: 24 Bbl oil: 588 Mcf Gas: 0 Bbl H2O: 126
Calculated 24 hour rate: Bbl oil: 588 Mcf Gas: 0 Bbl H2O: 126 GOR: 0
Test Method: FLOWING Casing PSI: Tubing PSI: 30 Choke Size: 064/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 5631 API Gravity Oil: 41
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:

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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: 7/19/2012 Email: eroberts@nobleenergyinc.com
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Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Off Hold. Form 5 approved.	9/17/2012 2:03:31 PM
Permit	On hold pending form 5.	9/13/2012 12:30:56 PM

Total: 2 comment(s)