

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:

400299120

Date Received:

07/12/2012

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: Liz Lindow

Phone: (303) 228-4342

Fax: (303) 228-4286

5. API Number 05-123-31980-00

7. Well Name: Five Rivers

6. County: WELD

Well Number: K17-27

8. Location: QtrQtr: SWSE

Section: 8

Township: 4N

Range: 66W

Meridian: 6

9. Field Name: WATTENBERG

Field Code: 90750

Completed Interval

FORMATION: CODELL

Status: COMMINGLED

Treatment Type: FRACTURE
STIMULATION

Treatment Date: 04/25/2012

End Date: 04/25/2012

Date of First Production this formation: 05/03/2012

Perforations Top: 7231

Bottom: 7246

No. Holes: 60

Hole size: 0.4

Provide a brief summary of the formation treatment:

Open Hole: ☐

The Codell is producing through a composite flow through plug

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

Total fluid used in treatment (bbl): 2623

Max pressure during treatment (psi): 4056

Total gas used in treatment (mcf):

Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment:

Min frac gradient (psi/ft): 0.85

Total acid used in treatment (bbl):

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): 284794

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: NIOBRARA-CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 04/25/2012 End Date: 05/02/2012 Date of First Production this formation: 05/03/2012

Perforations Top: 6918 Bottom: 7246 No. Holes: 108 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: _____ Min 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: 05/11/2012 Hours: 24 Bbl oil: 17 Mcf Gas: 300 Bbl H2O: 27

Calculated 24 hour rate: Bbl oil: 17 Mcf Gas: 300 Bbl H2O: 27 GOR: 17647

Test Method: Flowing Casing PSI: 1050 Tubing PSI: 0 Choke Size: 10/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1269 API Gravity Oil: 60

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: 05/02/2012 End Date: 05/02/2012 Date of First Production this formation: 05/03/2012
Perforations Top: 6918 Bottom: 7033 No. Holes: 48 Hole size: 0.72
Provide a brief summary of the formation treatment: _____ Open Hole: ☐

Commingled the Niobrara and Codell

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

Total fluid used in treatment (bbl): 3643

Max pressure during treatment (psi): 4491

Total gas used in treatment (mcf): _____

Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment: _____

Min frac gradient (psi/ft): 0.91

Total acid used in treatment (bbl): _____

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): 261356

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.

Comment: _____

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Liz Lindow

Title: Regulatory Specialist Date: 7/12/2012 Email: llindow@nobleenergyinc.com

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 400299120 | FORM 5A SUBMITTED |

Total Attach: 1 Files

General Comments

| User Group | Comment | Comment Date |
|------------|---------|--------------|
| | | |

Total: 0 comment(s)