

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:

400311988

Date Received:

08/02/2012

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 05-123-23630-00

7. Well Name: STEVE J

6. County: WELD

Well Number: 18-9

8. Location: QtrQtr: NWSE

Section: 18

Township: 5N

Range: 66W

Meridian: 6

9. Field Name: WATTENBERG

Field Code: 90750

Completed Interval

FORMATION: CODELL

Status: COMMINGLED

Treatment Type: FRACTURE  
STIMULATION

Treatment Date: 11/16/2011

End Date: 11/16/2011

Date of First Production this formation: 07/30/2006

Perforations Top: 7764

Bottom: 7780

No. Holes: 64

Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐

Re-Frac'd codell w/ 141932 gals of Slick Water, Vistar, and 15% HCl with 248741#'s of Ottawa sand.

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

Total fluid used in treatment (bbl): 3379

Max pressure during treatment (psi): 4647

Total gas used in treatment (mcf): 0

Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment:

Min frac gradient (psi/ft): 0.93

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): 248741

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: \_\_\_\_\_

Treatment Date: 11/19/2011 End Date: \_\_\_\_\_ Date of First Production this formation: 11/17/2011

Perforations Top: 7452 Bottom: 7780 No. Holes: 112 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: 12/01/2011 Hours: 24 Bbl oil: 12 Mcf Gas: 209 Bbl H2O: 20

Calculated 24 hour rate: Bbl oil: 12 Mcf Gas: 209 Bbl H2O: 20 GOR: 17417

Test Method: Flowing Casing PSI: 998 Tubing PSI: 300 Choke Size: 14

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1289 API Gravity Oil: 56

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7748 Tbg setting date: 11/23/2011 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: 11/16/2011 End Date: 11/16/2011 Date of First Production this formation: 11/17/2011  
Perforations Top: 7452 Bottom: 7590 No. Holes: 48 Hole size: 0.72

Provide a brief summary of the formation treatment:

Open Hole: ☐

Frac'd Niobrara w/ 167143 gals of Slick Water and Vistar with 251859#'s of Ottawa sand.

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

Total fluid used in treatment (bbl): 3980

Max pressure during treatment (psi): 4669

Total gas used in treatment (mcf): 0

Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment:

Min frac gradient (psi/ft): 0.96

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): 251859

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: Andrea Rawson

Title: Regulatory Specialist Date: 8/2/2012 Email: arawson@nobleenergyinc.com

#### Attachment Check List

Att Doc Num	Name
400311988	FORM 5A SUBMITTED
400311994	WELLBORE DIAGRAM

Total Attach: 2 Files

#### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)