

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:

08/06/2012

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 05-123-23205-00
6. County: WELD
7. Well Name: STATE M Well Number: 36-1
8. Location: QtrQtr: NENE Section: 36 Township: 6N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/20/2011 End Date: 12/20/2011 Date of First Production this formation: 02/21/2006

Perforations Top: 7037 Bottom: 7052 No. Holes: 68 Hole size:

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

Re-Frac'd Codell w/ 156572 gals of Slick Water, Vistar, and 15% HCl with 240238#'s of Ottawa sand.
Codell producing through flow plug.

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

Total fluid used in treatment (bbl): 3728 Max pressure during treatment (psi): 3970

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): 0.83

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): 240238 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: 12/20/2011 End Date: 12/20/2011 Date of First Production this formation: _____

Perforations Top: 6736 Bottom: 7052 No. Holes: 116 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: 12/30/2011 Hours: 24 Bbl oil: 22 Mcf Gas: 86 Bbl H2O: 7

Calculated 24 hour rate: Bbl oil: 22 Mcf Gas: 86 Bbl H2O: 7 GOR: 3909

Test Method: Flowing Casing PSI: 210 Tubing PSI: 0 Choke Size: 14

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1306 API Gravity Oil: 49

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.

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|--|---|---|
| FORMATION: NIOBRARA | Status: COMMINGLED | Treatment Type: FRACTURE STIMULATION |
| Treatment Date: 12/20/2011 | End Date: 12/20/2011 | Date of First Production this formation: 12/21/2011 |
| Perforations Top: 6736 | Bottom: 6862 | No. Holes: 48 |
| | | Hole size: 0.72 |
| Provide a brief summary of the formation treatment: | | |
| Open Hole: <input type="checkbox"/> | | |
| Frac'd Niobrara w/ 165175 gals of Slick Water and Vistar with 239969#'s of Ottawa sand. | | |
| This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Total fluid used in treatment (bbl): 3933 | Max pressure during treatment (psi): 4836 | |
| 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): 0.95 | |
| Total acid used in treatment (bbl): | Number of staged intervals: 8 | |
| 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): 239969 | 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 | | |

| | | | | |
|--------------------------------|-----------------------------|-------------------------|------------------------|----------------|
| 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: _____ | |

Date formation Abandoned: Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt

Comment:

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

Attachment Check List

Total Attach: 2 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|--------------------------|--|----------------------------|
| Permit | Perfs changed to 7037' per operator. | 10/23/2012 11:05:05 AM |
| Permit | On hold. Codell perfs start above the top of the Codell. | 10/19/2012 2:52:05 PM |

Total: 2 comment(s)