

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:

400291233

Date Received:

06/21/2012

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: <u>100322</u>	4. Contact Name: <u>Eileen Roberts</u>
2. Name of Operator: <u>NOBLE ENERGY INC</u>	Phone: <u>(303) 2284330</u>
3. Address: <u>1625 BROADWAY STE 2200</u>	Fax: <u>(303) 2284286</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

5. API Number <u>05-123-31878-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>Cannon H</u>	Well Number: <u>35-21</u>
8. Location: QtrQtr: <u>NWSE</u> Section: <u>35</u> Township: <u>3N</u> Range: <u>65W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 09/01/2011 End Date: 09/01/2011 Date of First Production this formation: 10/13/2011
Perforations Top: 7144 Bottom: 7156 No. Holes: 48 Hole size: 0.44

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

Frac'd the Codell w/ 116771 gals of Silverstim and Slick Water 15% HCl with 245,060#s of Ottawa sand.
The Codell is producing through a composite flow through plug.
Commingle the Niobrara and Codell.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 3039 Max pressure during treatment (psi): 4918
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): 0.92
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): 486476 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-NIOBRARA-CODELL Status: COMMINGLED Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: _____

Perforations Top: 6902 Bottom: 7636 No. Holes: _____ 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: 10/20/2011 Hours: 24 Bbl oil: 30 Mcf Gas: 107 Bbl H2O: 8

Calculated 24 hour rate: Bbl oil: 30 Mcf Gas: 107 Bbl H2O: 8 GOR: 5350

Test Method: flowing Casing PSI: 1000 Tubing PSI: 0 Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1278 API Gravity Oil: 53

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 SAND Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 09/01/2011 End Date: 09/01/2011 Date of First Production this formation: 10/13/2011
Perforations Top: 7606 Bottom: 7636 No. Holes: 72 Hole size: 0.41

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

Frac'd the J-Sand w/ 148882 gals of Silverstim and Slick Water with 280,720#'s of Ottawa sand.

The J-sand is producing through a composite flow through plug.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 3798 Max pressure during treatment (psi): 3052
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): 0.61
Total acid used in treatment (bbl): _____ Number of staged intervals: 9
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): 482252 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 10/20/2011 Hours: 24 Bbl oil: 20 Mcf Gas: 107 Bbl H2O: 8
Calculated 24 hour rate: Bbl oil: 20 Mcf Gas: 107 Bbl H2O: 8 GOR: 5350
Test Method: FLOWING Casing PSI: 1000 Tubing PSI: 0 Choke Size: 12/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1278 API Gravity Oil: 53
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: NIORARA-CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 09/01/2011 End Date: 09/01/2011 Date of First Production this formation: 10/13/2011

Perforations Top: 6902 Bottom: 7156 No. Holes: 96 Hole size: 0

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: 10/20/2011 Hours: 24 Bbl oil: 20 Mcf Gas: 107 Bbl H2O: 8

Calculated 24 hour rate: Bbl oil: 20 Mcf Gas: 107 Bbl H2O: 8 GOR: 5350

Test Method: FLOWING Casing PSI: 1000 Tubing PSI: 0 Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1278 API Gravity Oil: 53

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: 09/01/2011 End Date: 09/01/2011 Date of First Production this formation: 10/13/2011
 Perforations Top: 6902 Bottom: 7022 No. Holes: 48 Hole size: 0.69

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

Frac'd the Niobrara with 152626 gals of Silverstim and Slick Water with 250,360#'s of Ottawa sand.

 Commingle the Niobrara and Codell.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 3903 Max pressure during treatment (psi): 4607
 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): 0.97
 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: RECYCLE
 Total proppant used (lbs): 499877 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: Eileen Roberts
 Title: Regulatory Specialist Date: 6/21/2012 Email: eroberts@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400291233	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Added J-Niobrara-Codell panel and copied test data.	10/24/2012 2:58:56 PM

Total: 1 comment(s)