

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: 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 05-123-31878-00

7. Well Name: Cannon H

8. Location: QtrQtr: NWSE

Section: 35

Township: 3N

Range: 65W

Meridian: 6

9. Field Name: WATTENBERG

Field Code: 90750

6. County: WELD

Well Number: 35-21

Completed Interval

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: NIOBRARA-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: <u>NIOBARRA</u>		Status: <u>COMMINGLED</u>		Treatment Type: <u>FRACTURE STIMULATION</u>	
Treatment Date: <u>09/01/2011</u>		End Date: <u>09/01/2011</u>		Date of First Production this formation: <u>10/13/2011</u>	
Perforations	Top: <u>6902</u>	Bottom: <u>7022</u>	No. Holes: <u>48</u>	Hole size: <u>0.69</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
Frac'd the Niobrara with 152626 gals of Silverstim and Slick Water with 250,360#'s of Ottawa sand.					
Commingled the Niobrara and Codell.					
This formation is commingled with another formation:			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Total fluid used in treatment (bbl): <u>3903</u>		Max pressure during treatment (psi): <u>4607</u>			
Total gas used in treatment (mcf): <u>0</u>		Fluid density at initial fracture (lbs/gal): _____			
Type of gas used in treatment: _____		Min frac gradient (psi/ft): <u>0.97</u>			
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: <u>RECYCLE</u>			
Total proppant used (lbs): <u>499877</u>		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					
<u>Test Information:</u>					
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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____		
** Bridge Plug Depth: _____		** Sacks cement on top: _____		** Wireline and Cement Job Summary must be attached.	
Comment: <div style="border: 1px solid black; height: 30px; width: 100%;"></div>					
I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.					
Signed: _____		Print Name: <u>Eileen Roberts</u>			
Title: <u>Regulatory Specialist</u>	Date: <u>6/21/2012</u>	Email: <u>eroberts@nobleenergyinc.com</u>			