

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:
400351827

Date Received:

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>JEAN MUSE-REYNOLDS</u>
2. Name of Operator: <u>NOBLE ENERGY INC</u>	Phone: <u>(303) 228-4316</u>
3. Address: <u>1625 BROADWAY STE 2200</u>	Fax: <u>(303) 228-4286</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

5. API Number <u>05-123-33207-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>GOETZ</u>	Well Number: <u>Y22-06</u>
8. Location: QtrQtr: <u>SENW</u> Section: <u>22</u> Township: <u>2N</u> Range: <u>64W</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: 12/07/2011 End Date: 12/07/2011 Date of First Production this formation: 02/16/2012

Perforations Top: 7129 Bottom: 7139 No. Holes: 40 Hole size: 0.44

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

PUMPED 232422# OTTAWA SAND DOWNHOLE in 123512gals of SilverStim/GELLED/SLICK/RECYCLED/FRESH WATER

CODELL AND J-SAND ARE PRODUCING THROUGH COMPOSITE FLOW-THROUGH PLUGS

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 2941 Max pressure during treatment (psi): 4989

Total gas used in treatment (mcf): 0 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): 0 Number of staged intervals: 6

Recycled water used in treatment (bbl): 251 Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): 2690 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 232422 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: 01/23/2012

Perforations Top: 6899 Bottom: 7615 No. Holes: 164 Hole size: 0.4

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

CODELL AND J-SAND ARE PRODUCING THROUGH COMPOSITE FLOW-THROUGH PLUGS

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: 02/25/2012 Hours: 24 Bbl oil: 36 Mcf Gas: 68 Bbl H2O: 7
Calculated 24 hour rate: Bbl oil: 36 Mcf Gas: 68 Bbl H2O: 7 GOR: 1889
Test Method: FLOWING Casing PSI: 1278 Tubing PSI: 0 Choke Size: 18/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1222 API Gravity Oil: 44
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: 12/07/2011 End Date: 12/07/2011 Date of First Production this formation: 02/16/2012

Perforations Top: 7582 Bottom: 7615 No. Holes: 76 Hole size: 0.4

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

PUMPED 270666# OTTAWA SAND and 10369# SB Excel DOWNHOLE in _____ gals of SilverStim/GELLED/SLICK/RECYCLED/FRESH WATER

CODELL AND J-SAND ARE PRODUCING THROUGH COMPOSITE FLOW-THROUGH PLUGS

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 3827 Max pressure during treatment (psi): 3222

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.63

Total acid used in treatment (bbl): 0 Number of staged intervals: 9

Recycled water used in treatment (bbl): 304 Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): 3523 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 281035 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: _____ End Date: _____ Date of First Production this formation: 01/27/2012

Perforations Top: 6899 Bottom: 7139 No. Holes: 88 Hole size: 0.73

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: _____ 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 Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/07/2011 End Date: 12/29/2011 Date of First Production this formation: 01/27/2012

Perforations Top: 6899 Bottom: 7003 No. Holes: 48 Hole size: 0.73

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

**PUMPED 216225# OTTAWA SAND DOWNHOLE in 159687gals of 15% HCL/SilverStim/GELLED/SLICK/RECYCLED/FRESH WATER
CODELL AND J-SAND ARE PRODUCING THROUGH COMPOSITE FLOW-THROUGH PLUGS**

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 3802 Max pressure during treatment (psi): 3382

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.92

Total acid used in treatment (bbl): 14 Number of staged intervals: 8

Recycled water used in treatment (bbl): 222 Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): 3566 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 216225 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: **CODELL AND J-SAND ARE PRODUCING THROUGH COMPOSITE FLOW-THROUGH PLUGS**

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

Signed: _____ Print Name: JEAN MUSE-REYNOLDS

Title: REGULATORY COMPLIANCE Date: _____ Email: jmuse@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)