

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:

400351963

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: 100322

2. Name of Operator: NOBLE ENERGY INC

3. Address: 1625 BROADWAY STE 2200

City: DENVER State: CO Zip: 80202

4. Contact Name: JEAN MUSE-REYNOLDS

Phone: (303) 228-4316

Fax: (303) 228-4286

5. API Number 05-123-31770-00

7. Well Name: MOSER

8. Location: QtrQtr: SWSW Section: 21 Township: 3N Range: 65W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: H28-30

Completed Interval

FORMATION: <u>CODELL</u>		Status: <u>COMMINGLED</u>		Treatment Type: <u>FRACTURE STIMULATION</u>	
Treatment Date: <u>05/15/2012</u>		End Date: <u>05/16/2012</u>		Date of First Production this formation: <u>05/18/2012</u>	
Perforations	Top: <u>7237</u>	Bottom: <u>7250</u>	No. Holes: <u>52</u>	Hole size: <u>0.4</u>	

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

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

PUMPED 242260# OTTAWA SAND DOWNHOLE in 137928gals of 15% HCL/SilverStim/GELLED/SLICK/RECYCLED/FRESH WATER

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

Total fluid used in treatment (bbl): <u>3284</u>	Max pressure during treatment (psi): <u>4696</u>
Total gas used in treatment (mcf): <u>0</u>	Fluid density at initial fracture (lbs/gal): <u>8.34</u>
Type of gas used in treatment: _____	Min frac gradient (psi/ft): <u>0.96</u>
Total acid used in treatment (bbl): <u>12</u>	Number of staged intervals: <u>8</u>
Recycled water used in treatment (bbl): <u>268</u>	Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): <u>3004</u>	Disposition method for flowback: <u>RECYCLE</u>
Total proppant used (lbs): <u>242260</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

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: 05/18/2012	
Perforations	Top: 7007	Bottom: 7697	No. Holes: 220	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: <input type="checkbox"/>

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 05/25/2012	Hours: 24	Bbl oil: 60	Mcf Gas: 670	Bbl H2O: 56
Calculated 24 hour rate:	Bbl oil: 60	Mcf Gas: 670	Bbl H2O: 56	GOR: 11167
Test Method: FLOWING	Casing PSI: 734	Tubing PSI: 0	Choke Size: 16/64	
Gas Disposition: SOLD	Gas Type: WET	Btu Gas: 1283	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>J SAND</u>		Status: <u>PRODUCING</u>		Treatment Type: <u>FRACTURE STIMULATION</u>	
Treatment Date: <u>05/16/2012</u>		End Date: <u>05/16/2012</u>		Date of First Production this formation: <u>05/15/2012</u>	
Perforations	Top: <u>7642</u>	Bottom: <u>7697</u>	No. Holes: <u>120</u>	Hole size: <u>0.4</u>	

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

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

PUMPED 297002# OTTAWA SAND and 9282#SB Excel DOWNHOLE in 161952gals of SilverStim/GELLED/RECYCLED/FRESH WATER

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

Total fluid used in treatment (bbl): <u>3856</u>	Max pressure during treatment (psi): <u>2831</u>
Total gas used in treatment (mcf): <u>0</u>	Fluid density at initial fracture (lbs/gal): <u>8.34</u>
Type of gas used in treatment: _____	Min frac gradient (psi/ft): <u>0.62</u>
Total acid used in treatment (bbl): <u>0</u>	Number of staged intervals: <u>10</u>
Recycled water used in treatment (bbl): <u>346</u>	Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): <u>3510</u>	Disposition method for flowback: <u>RECYCLE</u>
Total proppant used (lbs): <u>306484</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

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: 05/18/2012	
Perforations	Top: 7007	Bottom: 7250	No. Holes: 100	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: <input type="checkbox"/>

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: 05/16/2012 End Date: 05/16/2012 Date of First Production this formation: 05/18/2012
Perforations Top: 7007 Bottom: 7132 No. Holes: 48 Hole size: 0.73
Provide a brief summary of the formation treatment: Open Hole: ☐

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

PUMPED 240404# OTTAWA SAND and DOWNHOLE in 164052gals of SilverStim/GELLED/SLICK/RECYCLED/FRESH WATER

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

Total fluid used in treatment (bbl): 3906

Max pressure during treatment (psi): 4584

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): 0.96

Total acid used in treatment (bbl): 0

Number of staged intervals: 7

Recycled water used in treatment (bbl): 264

Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): 3642

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 240404

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

User Group	Comment	Comment Date

Total: 0 comment(s)