

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:

400323272

Date Received:

09/05/2012

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: Sarah Finnegan
Phone: (720) 587-2265
Fax: (303) 228-4286

5. API Number 05-123-31466-00
6. County: WELD
7. Well Name: UPV P
Well Number: 05-21D
8. Location: QtrQtr: NWSE Section: 5 Township: 3N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 03/29/2012 End Date: 03/29/2012 Date of First Production this formation: 06/12/2012

Perforations Top: 7234 Bottom: 7254 No. Holes: 80 Hole size: 0.4

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

Pumped 261,319 lbs of Ottawa Proppant and 119,043 gallons of Slick Water and Silverstim.

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

Total fluid used in treatment (bbl): 2834 Max pressure during treatment (psi): 4109

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

Type of gas used in treatment: Min frac gradient (psi/ft): 0.75

Total acid used in treatment (bbl): Number of staged intervals: 6

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): 261319 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-CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 03/27/2012 End Date: 03/29/2012 Date of First Production this formation: 06/08/2012

Perforations Top: 7234 Bottom: 7719 No. Holes: 144 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: 06/16/2012 Hours: 24 Bbl oil: 11 Mcf Gas: 471 Bbl H2O: 7

Calculated 24 hour rate: Bbl oil: 11 Mcf Gas: 471 Bbl H2O: 7 GOR: 42818

Test Method: Flowing Casing PSI: 811 Tubing PSI: 0 Choke Size: 10/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1173 API Gravity Oil: 49

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7672 Tbg setting date: 07/26/2012 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: 03/27/2012 End Date: 03/29/2012 Date of First Production this formation: 06/12/2012

Perforations Top: 7703 Bottom: 7719 No. Holes: 64 Hole size: 0.42

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

Pumped 265,644 lbs of Ottawa Proppant, 11,501 lbs of SB Excel Proppant and 145,683 gallons of Slick Water and Silverstim.

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

Total fluid used in treatment (bbl): 3469 Max pressure during treatment (psi): 3944

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

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.73

Total acid used in treatment (bbl): _____ Number of staged intervals: 10

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): 277145 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: Sarah Finnegan

Title: Regulatory Analyst Date: 9/5/2012 Email: sfinnegan@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400323272	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
Permit	Form 5 is passed.	1/3/2013 8:03:27 AM
Permit	Ready to pass pending passing form 5.	11/28/2012 10:20:50 AM

Total: 2 comment(s)