

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:

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Date Received:

04/30/2013

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: Julie Webb  
Phone: (720) 587-2316  
Fax:

5. API Number 05-045-17156-00  
6. County: GARFIELD  
7. Well Name: BATTLEMENT MESA  
Well Number: 34-32D  
8. Location: QtrQtr: SENW Section: 34 Township: 7S Range: 95W Meridian: 6  
9. Field Name: RULISON Field Code: 75400

Completed Interval

FORMATION: CAMEO Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/21/2010 End Date: 12/22/2010 Date of First Production this formation: 01/02/2011

Perforations Top: 8532 Bottom: 8973 No. Holes: 50 Hole size: 34/100

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

Frac 36 bbls of 7.5% HCL, 1330 sks White Sand, 412 sks Prime Plus Sand

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

Total fluid used in treatment (bbl): 2666 Max pressure during treatment (psi): 8843

Total gas used in treatment (mcf): 160 Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment: CARBON DIOXIDE Min frac gradient (psi/ft): 0.62

Total acid used in treatment (bbl): 36 Number of staged intervals: 2

Recycled water used in treatment (bbl): 746 Flowback volume recovered (bbl): 3130

Fresh water used in treatment (bbl): 1920 Disposition method for flowback: RECYCLE

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: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/20/2010 End Date: 03/17/2013 Date of First Production this formation: 01/02/2011

Perforations Top: 7305 Bottom: 8973 No. Holes: 188 Hole size: 34/100

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](http://FracFocus.org)**

**Test Information:**

Date: 04/19/2013 Hours: 24 Bbl oil: 0 Mcf Gas: 173 Bbl H2O: 32

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 173 Bbl H2O: 32 GOR: 0

Test Method: Flowing Casing PSI: 555 Tubing PSI: 397 Choke Size: 64/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1060 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8847 Tbg setting date: 03/22/2013 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>WILLIAMS FORK</u>		Status: <u>COMMINGLED</u>		Treatment Type: <u>FRACTURE STIMULATION</u>	
Treatment Date: <u>12/23/2010</u>		End Date: <u>03/18/2013</u>		Date of First Production this formation: <u>01/02/2011</u>	
Perforations Top: <u>7305</u>		Bottom: <u>8499</u>		No. Holes: <u>138</u> Hole size: <u>34/100</u>	
Provide a brief summary of the formation treatment:				Open Hole: <input type="checkbox"/>	
Frac 89 bbls of 7.5% HCL, 2249 sks and 179,700 lbs White Sand, 570 sks and 46,700 lbs Prime Sand.					
This formation is commingled with another formation:				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Total fluid used in treatment (bbl): <u>10350</u>		Max pressure during treatment (psi): <u>7220</u>			
Total gas used in treatment (mcf): <u>574</u>		Fluid density at initial fracture (lbs/gal): <u>8.34</u>			
Type of gas used in treatment: <u>CARBON DIOXIDE</u>		Min frac gradient (psi/ft): <u>0.50</u>			
Total acid used in treatment (bbl): <u>89</u>		Number of staged intervals: <u>5</u>			
Recycled water used in treatment (bbl): <u>639</u>		Flowback volume recovered (bbl): <u>3130</u>			
Fresh water used in treatment (bbl): <u>9711</u>		Disposition method for flowback: <u>RECYCLE</u>			
Total proppant used (lbs): _____		Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/>			
Reason why green completion not utilized: _____					
<b>Fracture stimulations must be reported on FracFocus.org</b>					
<b><u>Test Information:</u></b>					
Date: _____		Hours: _____		Bbl oil: _____	
Calculated 24 hour rate: _____		Bbl oil: _____		Mcf Gas: _____	
Test Method: _____		Casing PSI: _____		Bbl H2O: _____	
Gas Disposition: _____		Gas Type: _____		GOR: _____	
Tubing Size: _____		Tubing Setting Depth: _____		Tubing PSI: _____	
Reason for Non-Production: _____		Tbg setting date: _____		Choke Size: _____	
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No		API Gravity Oil: _____	
If yes, number of sacks cmt _____		Packer Depth: _____			
** 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: <u>Julie Webb</u>			
Title: <u>Regulatory Analyst</u>		Date: <u>4/30/2013</u>		Email: <u>juliewebb@nobleenergyinc.com</u>	

  

<b>Attachment Check List</b>	
Att Doc Num	Name
400410956	FORM 5A SUBMITTED
Total Attach: 1 Files	

  

<b>General Comments</b>	
User Group	Comment
Total: 0 comment(s)	