

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



Table with columns DE, ET, OE, ES

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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: [X] 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: [X]

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: WILLIAMS FORK Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/23/2010 End Date: 03/18/2013 Date of First Production this formation: 01/02/2011  
Perforations Top: 7305 Bottom: 8499 No. Holes: 138 Hole size: 34/100

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

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:  Yes  No

Total fluid used in treatment (bbl): 10350 Max pressure during treatment (psi): 7220

Total gas used in treatment (mcf): 574 Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment: CARBON DIOXIDE Min frac gradient (psi/ft): 0.50

Total acid used in treatment (bbl): 89 Number of staged intervals: 5

Recycled water used in treatment (bbl): 639 Flowback volume recovered (bbl): 3130

Fresh water used in treatment (bbl): 9711 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.

Comment: \_\_\_\_\_

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.  
Signed: \_\_\_\_\_ Print Name: Julie Webb  
Title: Regulatory Analyst Date: 4/30/2013 Email: juliewebb@nobleenergyinc.com

**Attachment Check List**

Att Doc Num	Name
400410956	FORM 5A SUBMITTED

Total Attach: 1 Files

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User Group	Comment	Comment Date

Total: 0 comment(s)