

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:

400448430

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: Kathleen Mills  
Phone: (720) 587-2226  
Fax: (303) 228-4286

5. API Number 05-123-17239-00  
6. County: WELD  
7. Well Name: BERRY  
Well Number: 22-2  
8. Location: QtrQtr: NWNE Section: 22 Township: 6N Range: 66W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 06/22/2012 End Date: 06/22/2012 Date of First Production this formation: 09/10/1993

Perforations Top: 7181 Bottom: 7200 No. Holes: 84 Hole size:

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

FRAC'D W/ 144743 GAL VISTAR AND SLICK WATER, 500 GAL 15% HCL, AND 255415# OTTAWA SAND. 6/22/2012 CFTP SET @7141', CDL PROD THROUGH CFTP

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

Total fluid used in treatment (bbl): 3446 Max pressure during treatment (psi): 3888

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): 0.79

Total acid used in treatment (bbl): 12 Number of staged intervals: 1

Recycled water used in treatment (bbl): 276 Flowback volume recovered (bbl): 874

Fresh water used in treatment (bbl): 3170 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 255415 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: 06/26/2012  
Perforations Top: 6998 Bottom: 7200 No. Holes: 132 Hole size: \_\_\_\_\_  
Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐

COMMINGLE NBBR & CDL

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: 06/27/2012 Hours: 24 Bbl oil: 43 Mcf Gas: 71 Bbl H2O: 48  
Calculated 24 hour rate: Bbl oil: 43 Mcf Gas: 71 Bbl H2O: 48 GOR: 1651  
Test Method: flowing Casing PSI: 250 Tubing PSI: 0 Choke Size: 14/64  
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1367 API Gravity Oil: 52  
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: 06/22/2012 End Date: 06/22/2012 Date of First Production this formation: 06/26/2012

Perforations Top: 6998 Bottom: 7098 No. Holes: 48 Hole size: 0.72

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

PERF'D NIO A 6998-7010, NIO B 7086-7098, FRAC'D W/168178 GAL VISTAR AND SLICK WATER AND 250746# OTTAWA SAND

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

Total fluid used in treatment (bbl): 4004 Max pressure during treatment (psi): 4842

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): 0.97

Total acid used in treatment (bbl): Number of staged intervals: 1

Recycled water used in treatment (bbl): 270 Flowback volume recovered (bbl): 980

Fresh water used in treatment (bbl): 3734 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 250746 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: Kathleen Mills

Title: Regulatory Analyst Date: Email: kmills@nobleenergyinc.com

**Attachment Check List**

Att Doc Num	Name
400448530	WIRELINE JOB SUMMARY

Total Attach: 1 Files

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)