

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:

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: Eileen Roberts

Phone: (303) 2284330

Fax: (303) 2284286

5. API Number 05-123-22904-00

7. Well Name: BALLANTYNE

8. Location: QtrQtr: NWNE Section: 1 Township: 1N Range: 66W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: 31-1

Completed Interval

FORMATION: <u>CODELL</u>		Status: <u>COMMINGLED</u>		Treatment Type: <u>FRACTURE STIMULATION</u>	
Treatment Date: <u>04/28/2012</u>		End Date: <u>04/28/2012</u>		Date of First Production this formation: <u>05/21/2012</u>	
Perforations	Top: <u>7426</u>	Bottom: <u>7440</u>	No. Holes: <u>56</u>	Hole size: _____	

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

Frac'd the Codell w/ 145763 gals of Vistar and Slick Water with 15% HCl with 245920#'s of Ottawa sand.

Commingle CDLL w/NBRR

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

Total fluid used in treatment (bbl): <u>3470</u>	Max pressure during treatment (psi): <u>3651</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>0.81</u>
Total acid used in treatment (bbl): <u>12</u>	Number of staged intervals: <u>7</u>
Recycled water used in treatment (bbl): <u>255</u>	Flowback volume recovered (bbl): <u>1265</u>
Fresh water used in treatment (bbl): <u>3214</u>	Disposition method for flowback: <u>RECYCLE</u>
Total proppant used (lbs): <u>245920</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: 05/21/2012
Perforations Top: 7200 Bottom: 7440 No. Holes: 104 Hole size: _____
Provide a brief summary of the formation treatment: _____ Open Hole: ☐

Commingled the NBRR/CDLL

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: 06/11/2012 Hours: 24 Bbl oil: 45 Mcf Gas: 248 Bbl H2O: 15
Calculated 24 hour rate: Bbl oil: 45 Mcf Gas: 248 Bbl H2O: 15 GOR: 5511
Test Method: FLOWING Casing PSI: 500 Tubing PSI: 400 Choke Size: 14/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1253 API Gravity Oil: 48
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7857 Tbg setting date: 05/16/2012 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: NIOBRARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION
Treatment Date: 04/28/2012 End Date: 04/28/2012 Date of First Production this formation: 05/21/2012
Perforations Top: 7200 Bottom: 7290 No. Holes: 48 Hole size: _____

Provide a brief summary of the formation treatment:

Open Hole: ☐

Frac'd the Niobrara w/ 164393 gals of Vistar and Slick Water with 250040#s of Ottawa sand.

Commingle w/CDLL

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

Total fluid used in treatment (bbl): 3914

Max pressure during treatment (psi): 4321

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): 0.83

Total acid used in treatment (bbl): 0

Number of staged intervals: 7

Recycled water used in treatment (bbl): 264

Flowback volume recovered (bbl): 1265

Fresh water used in treatment (bbl): 3649

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 250040

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: Eileen Roberts

Title: Regulatory Specialist Date: _____ Email: eroberts@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)