

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:

400469151

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 05-123-24130-00
6. County: WELD
7. Well Name: Sater USX CC
Well Number: 19-16
8. Location: QtrQtr: SESE Section: 19 Township: 4N Range: 63W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J-NIOBRARA-CODELL Status: COMMINGLED Treatment Type:
Treatment Date: End Date: Date of First Production this formation: 11/07/2011
Perforations Top: 6559 Bottom: 7256 No. Holes: 310 Hole size:

Provide a brief summary of the formation treatment:

Open Hole: ☐

COMMINGLE JSAND & NB-CD. 10/7/2011 CIFTPT SET@6810'

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: 11/18/2011 Hours: 24 Bbl oil: 0 Mcf Gas: 10 Bbl H2O: 8
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 10 Bbl H2O: 8 GOR: 0
Test Method: FLOWING Casing PSI: 900 Tubing PSI: 800 Choke Size: 48/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1197 API Gravity Oil: 47
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6744 Tbg setting date: 10/07/2011 Packer Depth:

Reason for Non-Production:

Date formation Abandoned: Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt

** Bridge Plug Depth: 6810 ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

FORMATION: J SAND Status: PRODUCING Treatment Type: FRACTURE STIMULATION
Treatment Date: 10/03/2011 End Date: 10/03/2011 Date of First Production this formation: 11/07/2011
Perforations Top: 7200 Bottom: 7256 No. Holes: 176 Hole size: 0.41
Provide a brief summary of the formation treatment: Open Hole: ☐

PEF'D 7200-7206', 7212-7232', 7238-7256'. FRAC'D W/152292 GAL SLICK WATER AND 114168# OTTAWA SAND. NO SEPARATE TEST INFO FOR JSAND.

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

Total fluid used in treatment (bbl): 3626 Max pressure during treatment (psi): 1960
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): 0.59
Total acid used in treatment (bbl): Number of staged intervals: 7
Recycled water used in treatment (bbl): 108 Flowback volume recovered (bbl): 50
Fresh water used in treatment (bbl): 3518 Disposition method for flowback: RECYCLE
Total proppant used (lbs): 114168 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

400469164 WIRELINE JOB SUMMARY

Total Attach: 1 Files

General Comments

User Group Comment Comment Date

Total: 0 comment(s)