

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:

400467720

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 05-123-16654-00
6. County: WELD
7. Well Name: Swan E. Well Number: 28-08
8. Location: QtrQtr: SENE Section: 28 Township: 6N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 02/20/2013 End Date: 02/20/2013 Date of First Production this formation: 04/05/2013

Perforations Top: 7053 Bottom: 7065 No. Holes: 48 Hole size: 0.41

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

FRAC'D W/ 124013 GAL VISTAR AND SLICK WATER AND 245840# OTTAWA SAND

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

Total fluid used in treatment (bbl): 2953 Max pressure during treatment (psi): 5884

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): 0.90

Total acid used in treatment (bbl): Number of staged intervals: 6

Recycled water used in treatment (bbl): 266 Flowback volume recovered (bbl): 897

Fresh water used in treatment (bbl): 2687 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 245840 Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 04/18/2013 Hours: 24 Bbl oil: 53 Mcf Gas: 99 Bbl H2O: 7

Calculated 24 hour rate: Bbl oil: 53 Mcf Gas: 99 Bbl H2O: 7 GOR: 1868

Test Method: FLOWING Casing PSI: 300 Tubing PSI: 900 Choke Size: 18/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1252 API Gravity Oil: 50

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7034 Tbg setting date: 03/05/2013 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: PARKMAN Status: PLUGGED AND ABANDONED Treatment Type: _____
Treatment Date: 11/28/2012 End Date: 11/28/2012 Date of First Production this formation: 05/25/1993
Perforations Top: 3623 Bottom: 3626 No. Holes: 13 Hole size: _____
Provide a brief summary of the formation treatment: _____ Open Hole: ☐

SQUEEZED W/CEMENT 3493-3693', PRESSURE TESTED TO 500 PSI

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: _____ 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: NON-ECONOMIC

Date formation Abandoned: 11/28/2012 Squeeze: ☒ Yes ☐ No If yes, number of sacks cmt 100

** 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 kfills@nobleenergyinc.com

Attachment Check List

Att Doc Num **Name**

400472890 CEMENT JOB SUMMARY

Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)