

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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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: Email: jwebb@nobleenergyinc.com

5. API Number 05-045-19854-00 6. County: GARFIELD 7. Well Name: BATTLEMENT MESA Well Number: 34-43B (35L) 8. Location: QtrQtr: NWSW Section: 35 Township: 7S Range: 95W Meridian: 6 9. Field Name: PARACHUTE Field Code: 67350

Completed Interval

FORMATION: WILLIAMS FORK Status: SHUT IN Treatment Type: FRACTURE STIMULATION

Treatment Date: 03/20/2014 End Date: 03/27/2014 Date of First Production this formation: Perforations Top: 9442 Bottom: 9625 No. Holes: 28 Hole size: 0.34

Provide a brief summary of the formation treatment: Open Hole: Clean water 1981 bbls, Slurry 2109bbls, 30/50 White Sand 60,480 lbs, 30/50 prime plus 15,420 lbs

This formation is commingled with another formation: [X] Yes [ ] No Total fluid used in treatment (bbl): 4090 Max pressure during treatment (psi): 8451 Total gas used in treatment (mcf): 55055000 Fluid density at initial fracture (lbs/gal): 8.53 Type of gas used in treatment: CARBON DIOXIDE Min frac gradient (psi/ft): 0.69 Total acid used in treatment (bbl): 17 Number of staged intervals: 2 Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 1549 Fresh water used in treatment (bbl): 1981 Disposition method for flowback: RECYCLE Total proppant used (lbs): 75900 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.

Comment:

No test data available. This well was never turned on to production.

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: \_\_\_\_\_ Email: jwebb@nobleenergyinc.com  
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