

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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Date Received:

08/15/2013

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
Email: kmills@nobleenergyinc.com

5. API Number 05-123-22679-00
6. County: WELD
7. Well Name: PERKINS
Well Number: 32-5
8. Location: QtrQtr: SWNE Section: 5 Township: 2N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 10/24/2006 End Date: 10/24/2006 Date of First Production this formation: 10/27/2006

Perforations Top: 7072 Bottom: 7083 No. Holes: 44 Hole size: 0.42

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

FRAC'D W/126336 GAL VISTAR AND 270740# OTTAWA SAND. FLOWBACK INFO NOT AVAILABLE FROM 2006

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

Total fluid used in treatment (bbl): 3008 Max pressure during treatment (psi): 7887

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): 0.77

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

Recycled water used in treatment (bbl): 116 Flowback volume recovered (bbl):

Fresh water used in treatment (bbl): 2892 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 270740 Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 11/05/2006 Hours: 24 Bbl oil: 6 Mcf Gas: 18 Bbl H2O: 10

Calculated 24 hour rate: Bbl oil: 6 Mcf Gas: 18 Bbl H2O: 10 GOR: 3000

Test Method: FLOWING Casing PSI: 400 Tubing PSI: 600 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1226 API Gravity Oil: 48

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7520 Tbg setting date: 04/04/2009 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: J SAND Status: SHUT IN Treatment Type: _____
Treatment Date: _____ End Date: _____ Date of First Production this formation: 03/21/2005
Perforations Top: 7550 Bottom: 7576 No. Holes: 88 Hole size: 0.4
Provide a brief summary of the formation treatment: _____ Open Hole: ☐

10/27/2006 SI

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: SI TO PROD FROM CD, EVALUATE AT LATER DATE
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: 8/15/2013 Email: kmills@nobleenergyinc.com

Attachment Check List

Att Doc Num **Name**

400468475 FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

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Total: 0 comment(s)