

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: Kathleen Mills

Phone: (720) 587-2226

Fax: (303) 228-4286

Email: kmills@nobleenergyinc.com

5. API Number 05-123-16977-00

7. Well Name: TANIA BLUE D

6. County: WELD

Well Number: 2-9

8. Location: QtrQtr: NESE Section: 2 Township: 3N Range: 64W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL

Status: PRODUCING

Treatment Type:

Treatment Date: End Date: Date of First Production this formation: 05/21/2012

Perforations Top: 6620 Bottom: 6860 No. Holes: 204 Hole size:

Provide a brief summary of the formation treatment:

Open Hole: ☐

COMMINGLE NB & CD

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: 05/24/2012 Hours: 24 Bbl oil: 11 Mcf Gas: 83 Bbl H2O: 12

Calculated 24 hour rate: Bbl oil: 11 Mcf Gas: 83 Bbl H2O: 12 GOR: 7545

Test Method: FLOWING Casing PSI: 1300 Tubing PSI: 400 Choke Size: 32/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1304 API Gravity Oil: 53

Tubing Size: 1 + 2/3 Tubing Setting Depth: 6816 Tbg setting date: 05/22/2012 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: 04/29/2012 End Date: 04/29/2012 Date of First Production this formation: 05/04/2012  
Perforations Top: 6620 Bottom: 6684 No. Holes: 96 Hole size: 0.2  
Provide a brief summary of the formation treatment: Open Hole: ☐

PERF'S 6620-6632', 6672-6684'; FRAC'D W/155614 ALS LIGHTNING AND SLICK WATER, 500 GALS 15% HCL AND 246104# OTTAWA SAND

This formation is commingled with another formation: ☒ Yes ☐ No  
Total fluid used in treatment (bbl): 3705 Max pressure during treatment (psi): 5394  
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.43  
Type of gas used in treatment: Min frac gradient (psi/ft): 0.96  
Total acid used in treatment (bbl): 12 Number of staged intervals: 9  
Recycled water used in treatment (bbl): 267 Flowback volume recovered (bbl): 348  
Fresh water used in treatment (bbl): 3438 Disposition method for flowback: RECYCLE  
Total proppant used (lbs): 246104 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**

Total Attach: 0 Files

**General Comments**

**User Group Comment Comment Date**

Total: 0 comment(s)