

FORM
5ARev
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 05-123-21930-00

7. Well Name: FLATIRONS I

6. County: WELD

Well Number: 36-4

8. Location: QtrQtr: NWNW Section: 36 Township: 6N Range: 66W Meridian: 6

9. Field Name: BRACEWELL Field Code: 7487

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 09/02/2011 End Date: 09/02/2011 Date of First Production this formation: 04/16/2004

Perforations Top: 7118 Bottom: 7132 No. Holes: 56 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐

3/17/2004 PERF'D CDL, DO NOT RE-PERF, ONLY RE-FRAC. FRAC'D W/138768 GALS VISTAR, 1000 GALS 15% HCL AND 244116# OTTAWA SAND

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

Total fluid used in treatment (bbl): 3304

Max pressure during treatment (psi): 3762

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): 0.81

Total acid used in treatment (bbl): 24

Number of staged intervals: 7

Recycled water used in treatment (bbl): 263

Flowback volume recovered (bbl): 787

Fresh water used in treatment (bbl): 3041

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 244116

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.

FORMATION: NIOBRARA-CODELL		Status: PRODUCING		Treatment Type: _____	
Treatment Date: _____		End Date: _____		Date of First Production this formation: 09/05/2011	
Perforations	Top: 6814	Bottom: 7132	No. Holes: 104	Hole size: _____	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
COMMINGLE NB & CD					
This formation is commingled with another formation:			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/>		
Reason why green completion not utilized: _____					
Fracture stimulations must be reported on FracFocus.org					
<u>Test Information:</u>					
Date: 09/09/2011	Hours: 24	Bbl oil: 6	Mcf Gas: 20	Bbl H2O: 0	
Calculated 24 hour rate:	Bbl oil: 6	Mcf Gas: 20	Bbl H2O: 0	GOR: 3333	
Test Method: FLOWING	Casing PSI: 200	Tubing PSI: 0	Choke Size: 14/64		
Gas Disposition: SOLD	Gas Type: WET	Btu Gas: 1274	API Gravity Oil: 48		
Tubing Size: 2 + 3/8	Tubing Setting Depth: 7106	Tbg setting date: 10/15/2014	Packer Depth: _____		
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
Date formation Abandoned: _____	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: 09/02/2011 End Date: 09/02/2011 Date of First Production this formation: 09/02/2011

Perforations Top: 6814 Bottom: 6954 No. Holes: 24 Hole size: 0.72

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

PERF'D 6814-6826', 6942-6954'; FRAC'D W/156198 GALS VISTAR AND 251542# OTTAWA SAND

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

Total fluid used in treatment (bbl): 3719

Max pressure during treatment (psi): 4825

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): 0.98

Total acid used in treatment (bbl):

Number of staged intervals: 7

Recycled water used in treatment (bbl): 265

Flowback volume recovered (bbl): 787

Fresh water used in treatment (bbl): 3454

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 251542

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)