

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:

400409868

Date Received:

06/03/2013

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: Julie Webb
Phone: (720) 587-2316
Fax:
Email: juliewebb@nobleenergyinc.com

5. API Number 05-123-30673-00
6. County: WELD
7. Well Name: WELLS RANCH AA
Well Number: 26-13X
8. Location: QtrQtr: SWSW Section: 26 Township: 6N Range: 63W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/09/2010 End Date: 12/09/2010 Date of First Production this formation: 12/13/2010

Perforations Top: 6825 Bottom: 6835 No. Holes: 40 Hole size: 41/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

Frac'd with 200480 lbs Ottawa sand, 111232 gal Silverstim

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

Total fluid used in treatment (bbl): 2648

Max pressure during treatment (psi): 4639

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: 7

Recycled water used in treatment (bbl): 220

Flowback volume recovered (bbl): 1221

Fresh water used in treatment (bbl): 2428

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 200480

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: FRACTURE STIMULATION

Treatment Date: 12/09/2010 End Date: 12/09/2010 Date of First Production this formation: 12/13/2010

Perforations Top: 6554 Bottom: 6835 No. Holes: 112 Hole size:

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

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: 12/17/2010 Hours: 24 Bbl oil: 12 Mcf Gas: 7 Bbl H2O: 4

Calculated 24 hour rate: Bbl oil: 12 Mcf Gas: 7 Bbl H2O: 4 GOR: 583

Test Method: Flowing Casing PSI: 350 Tubing PSI: 0 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1323 API Gravity Oil: 45

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 Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/09/2010 End Date: 12/09/2010 Date of First Production this formation: 12/13/2010

Perforations Top: 6554 Bottom: 6746 No. Holes: 72 Hole size: 73/100

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

Frac'd with 249980 lbs Ottawa sand, 181978 gal Silversim

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

Total fluid used in treatment (bbl): 4332

Max pressure during treatment (psi): 3872

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: 7

Recycled water used in treatment (bbl): 274

Flowback volume recovered (bbl): 1221

Fresh water used in treatment (bbl): 4058

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 202245

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: Julie Webb

Title: Regulatory Analyst Date: 6/3/2013 Email: juliewebb@nobleenergyinc.com

Attachment Check List

Att Doc Num Name

400409868 FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Operator provided correct fluid totals for Codell and Niobrara.	4/10/2015 7:38:45 AM
Permit	Operator verified .90 as Niobrara min frac gradient value.	1/20/2015 8:32:30 AM
Permit	For Codell: 1) Verify fluid totals in summary comments and in input boxes. For Niobrara: 1) Verify min frac gradient value; outside reasonable range of values.	1/12/2015 8:50:57 AM

Total: 3 comment(s)