

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: Julie Webb

Phone: (720) 587-2223

Fax:

Email: jwebb@progressivepcs.net

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: CODELL

Status: COMMINGLED

Treatment Type:

Treatment Date: End Date: Date of First Production this formation: 07/09/1993

Perforations Top: 6846 Bottom: 6860 No. Holes: 108 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: 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: 05/04/2012

Perforations Top: 6620 Bottom: 6860 No. Holes: 204 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: \_\_\_\_\_ 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		Status: COMMINGLED		Treatment Type: FRACTURE STIMULATION	
Treatment Date: 04/24/2012		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: <input type="checkbox"/>		
NBRR frac'd with 246105 lb Ottawa Sand, 144403 gal fresh water, 155614 gal silverstem slickwater					
This formation is commingled with another formation:			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Total fluid used in treatment (bbl): 7143			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):			Number of staged intervals:		
Recycled water used in treatment (bbl): 3705			Flowback volume recovered (bbl):		
Fresh water used in treatment (bbl): 3438			Disposition method for flowback: RECYCLE		
Total proppant used (lbs): 246105			Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/>		
Reason why green completion not utilized:					
<b>Fracture stimulations must be reported on FracFocus.org</b>					
<b>Test Information:</b>					
Date: 05/08/2012	Hours: 2	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: 1368	API Gravity Oil: 50		
Tubing Size:	Tubing Setting Depth:	Tbg setting date:	Packer Depth:		
Reason for Non-Production:					
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.			

Comment:

Form 5A submitted for NCOM

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@progressivepcs.net

### Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)