

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 05-123-41785-00

7. Well Name: Wells Ranch

8. Location: QtrQtr: SWSW Section: 32 Township: 6N Range: 62W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: AE32-620

Completed Interval

FORMATION: CODELL-FORT HAYS

Status: PRODUCING

Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/20/2016 End Date: 05/25/2016 Date of First Production this formation: 06/26/2016

Perforations Top: 7171 Bottom: 15982 No. Holes: 0 Hole size:

Provide a brief summary of the formation treatment:

Open Hole: ☒

Codell- Fort Hays frac'd with: 9800853 lb Ottawa Sand, 10944008 gal Silverstem and slickwater

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

Total fluid used in treatment (bbl): 260572

Max pressure during treatment (psi): 8274

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): 0.89

Total acid used in treatment (bbl):

Number of staged intervals: 38

Recycled water used in treatment (bbl): 0

Flowback volume recovered (bbl): 13543

Fresh water used in treatment (bbl): 260572

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 9800853

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 07/07/2016 Hours: 24 Bbl oil: 115 Mcf Gas: 52 Bbl H2O: 2259

Calculated 24 hour rate: Bbl oil: 115 Mcf Gas: 52 Bbl H2O: 2259 GOR: 452

Test Method: Flowing Casing PSI: 5 Tubing PSI: 814 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1377 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6786 Tbg setting date: 06/21/2016 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: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/20/2016 End Date: 05/25/2016 Date of First Production this formation: 06/26/2016

Perforations Top: 7171 Bottom: 15982 No. Holes: 0 Hole size:

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

Codell Perf's: 7171'-7451', 11605'-12662', 13185'-13202', 13766'-14644', 14661'-15982'

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: FORT HAYS Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/20/2016 End Date: 05/25/2016 Date of First Production this formation: 06/26/2016

Perforations Top: 7452 Bottom: 14660 No. Holes: 0 Hole size:

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

Fort Hay's Perf's: 7452-11,604', 12,663-13,184', 13,203-13,765', 14,645-14,660'

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.

Comment:

Top packer set at 7073', bottom packer set at 15828'.
Actual TPZ 666 FSL, 1049 FWL, Sec 32. 6N 62W

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: Senior 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)