

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:

401115621

Date Received:

09/21/2016

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 05-123-42305-00
6. County: WELD
7. Well Name: Wells Ranch
Well Number: AA22-688
8. Location: QtrQtr: NENE Section: 21 Township: 6N Range: 63W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL-FORT HAYS Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 07/21/2016 End Date: 08/02/2016 Date of First Production this formation: 08/22/2016

Perforations Top: 7214 Bottom: 12229 No. Holes: 544 Hole size: 0.48

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

Ft. Hays- Codell Frac'd with 7431761 lb Ottawa Sand, 10169694 gal Silverstem and slickwater, 15% HCL

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

Total fluid used in treatment (bbl): 242136 Max pressure during treatment (psi): 7717

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): 0.93

Total acid used in treatment (bbl): 357 Number of staged intervals: 26

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 10195

Fresh water used in treatment (bbl): 242136 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 7431761 Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 09/01/2016 Hours: 24 Bbl oil: 486 Mcf Gas: 476 Bbl H2O: 1016

Calculated 24 hour rate: Bbl oil: 486 Mcf Gas: 476 Bbl H2O: 1016 GOR: 979

Test Method: Flowing Casing PSI: 2 Tubing PSI: 861 Choke Size: 18/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1379 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7022 Tbg setting date: 08/16/2016 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: 07/21/2016 End Date: 08/02/2016 Date of First Production this formation: 08/22/2016

Perforations Top: 7262 Bottom: 12229 No. Holes: 508 Hole size: 0.48

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

Codell Perfs 7262-10125, 10423-12229

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: 07/21/2016 End Date: 08/02/2016 Date of First Production this formation: 08/22/2016

Perforations Top: 7214 Bottom: 10401 No. Holes: 44 Hole size: 0.48

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

Ft Hays Perfs: 7214-7215, 10156-10390

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:

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: 9/21/2016 Email: jwebb@progressivepcs.net

Attachment Check List

Att Doc Num Name

401115621 FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group Comment

Comment Date

Stamp Upon Approval

Total: 0 comment(s)