

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:

401896887

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: 1001 NOBLE ENERGY WAY  
 City: HOUSTON State: TX Zip: 77070  
 4. Contact Name: LOGAN BOUGHAL  
 Phone: (832) 6397447  
 Fax:  
 Email: LOGAN.BOUGHAL@NBLENERGY.COM

5. API Number 05-123-26657-00  
 6. County: WELD  
 7. Well Name: TREBOR B  
 Well Number: 11-25  
 8. Location: QtrQtr: NESW Section: 11 Township: 5N Range: 64W Meridian: 6  
 9. Field Name: KERSEY Field Code: 44600

## Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION  
 Treatment Date: 02/12/2008 End Date: 02/12/2008 Date of First Production this formation: 02/13/2008  
 Perforations Top: 6710 Bottom: 6722 No. Holes: 48 Hole size: 0.41  
 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: FRACTURE STIMULATION

Treatment Date: 02/12/2008 End Date: 02/12/2008 Date of First Production this formation: 02/13/2008

Perforations Top: 6434 Bottom: 6722 No. Holes: 176 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: 02/12/2008 End Date: 02/12/2008 Date of First Production this formation: 02/13/2008

Perforations Top: 6434 Bottom: 6550 No. Holes: 128 Hole size: 0.42

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.

Comment:

THIS 5A IS TO CORRECT THE NIOBRARA PERFS, WHICH WERE REPORTED INCORRECTLY ON PREVIOUS FILINGS.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: Print Name: LOGAN BOUGHAL

Title: REGULATORY ANALYST II Date: Email: LOGAN.BOUGHAL@NBLENERGY.COM

#### Attachment Check List

Att Doc Num	Name
401896888	WIRELINE JOB SUMMARY

Total Attach: 1 Files

#### General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)