

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



Table with columns DE, ET, OE, ES

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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: 1001 NOBLE ENERGY WAY
City: HOUSTON State: TX Zip: 77070
4. Contact Name: Craig Richardson
Phone: (303) 228-4232
Fax:
Email: Denverregulatory@nblenergy.com

5. API Number 05-123-42812-00
6. County: WELD
7. Well Name: Lapp
Well Number: A15-613
8. Location: QtrQtr: SWSW Section: 13 Township: 6N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CARLILE Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 04/25/2017 End Date: 05/28/2017 Date of First Production this formation: 07/21/2017

Perforations Top: 8445 Bottom: 8784 No. Holes: 104 Hole size: 0.5

Provide a brief summary of the formation treatment: Open Hole: []

Carlile :8445'-8784'

This formation is commingled with another formation: [X] Yes [] No

Total fluid used in treatment (bbl):
Total gas used in treatment (mcf):
Type of gas used in treatment:
Total acid used in treatment (bbl):
Recycled water used in treatment (bbl):
Fresh water used in treatment (bbl):
Total proppant used (lbs):
Max pressure during treatment (psi):
Fluid density at initial fracture (lbs/gal):
Min frac gradient (psi/ft):
Number of staged intervals:
Flowback volume recovered (bbl):
Disposition method for flowback:
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: CODELL-CARLILE Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 04/25/2017 End Date: 05/28/2017 Date of First Production this formation: 07/21/2017

Perforations Top: 7185 Bottom: 17424 No. Holes: 2784 Hole size: 0.5

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

Codell-Carlile frac'd with 1,904,836 lbs 100 Mesh, 16,082,895 lb 40/70 Ottawa Sand, 26,710,100 gal silverstem and slickwater, 660 bbls 15% HCl

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 636615

Max pressure during treatment (psi): 8057

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): 0.91

Total acid used in treatment (bbl): 660

Number of staged intervals: 87

Recycled water used in treatment (bbl): _____

Flowback volume recovered (bbl): 1026

Fresh water used in treatment (bbl): 635955

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 17987731

Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 07/25/2017 Hours: 24 Bbl oil: 497 Mcf Gas: 803 Bbl H2O: 687

Calculated 24 hour rate: Bbl oil: 497 Mcf Gas: 803 Bbl H2O: 687 GOR: 1615

Test Method: Flowing Casing PSI: 2336 Tubing PSI: 1767 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1266 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7100 Tbg setting date: 07/15/2017 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: 04/25/2017 End Date: 05/28/2017 Date of First Production this formation: 07/21/2017

Perforations Top: 7185 Bottom: 17424 No. Holes: 2680 Hole size: 0.5

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

Codell: 7185-8397, 8834-17424

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: _____
The form 5A is being submitted to correct the Carlile perf intervals.

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: Sr. Regulatory Analyst Date: _____ Email julie.webb@nblenergy.com

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)