

Document Number:
 402271076

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

5. API Number 05-123-47110-00 6. County: WELD
 7. Well Name: SLW RANCH STATE Well Number: BB07-668
 8. Location: QtrQtr: Lot 2 Section: 7 Township: 5N Range: 63W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 10/15/2019 End Date: 10/26/2019 Date of First Production this formation: 12/06/2019
 Perforations Top: 7157 Bottom: 16779 No. Holes: 984 Hole size: 0.42

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

Niobrara completed with 219 bbls 28 % HCL, 429,972 bbls slurry, 1,913,373 lbs 100 Mesh, 20,670,727 lbs 40/70

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 430191 Max pressure during treatment (psi): 8219
 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): 0.90
 Total acid used in treatment (bbl): 219 Number of staged intervals: 41
 Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): 0
 Fresh water used in treatment (bbl): 429972 Disposition method for flowback: DISPOSAL
 Total proppant used (lbs): 22584100 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 12/22/2019 Hours: 24 Bbl oil: 771 Mcf Gas: 686 Bbl H2O: 629
 Calculated 24 hour rate: Bbl oil: 771 Mcf Gas: 686 Bbl H2O: 629 GOR: 890
 Test Method: Flowing Casing PSI: 1884 Tubing PSI: 1391 Choke Size: 20/64
 Gas Disposition: SOLD Gas Type: WET Btu Gas: 1309 API Gravity Oil: 42
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 6929 Tbg setting date: 12/03/2019 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:

Actual TPZ is Sec 7, T5N, R63W: 1457' FNL 427' FWL

This well did not flowback, the well went straight to the production facility.

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
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Attachment Check List

Att Doc Num **Name**

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Total Attach: 0 Files

General Comments

User Group **Comment** **Comment Date**

		Stamp Upon Approval
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