

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 border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table>	DE	ET	OE	ES
DE	ET	OE	ES				
			Document Number: <p style="text-align: center;">402271156</p> 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: <u>100322</u> 2. Name of Operator: <u>NOBLE ENERGY INC</u> 3. Address: <u>1001 NOBLE ENERGY WAY</u> City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77070</u>	4. Contact Name: <u>Craig Richardson</u> Phone: <u>(303) 228-4232</u> Fax: _____ Email: <u>Denverregulatory@nblenergy.com</u>
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5. API Number <u>05-123-47107-00</u> 7. Well Name: <u>SLW RANCH STATE</u> 8. Location: QtrQtr: <u>LOT 2</u> Section: <u>7</u> Township: <u>5N</u> Range: <u>63W</u> Meridian: <u>6</u> 9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	6. County: <u>WELD</u> Well Number: <u>BB07-685</u>
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Completed Interval

FORMATION: <u>NIOBRARA</u>	Status: <u>PRODUCING</u>	Treatment Type: <u>FRACTURE STIMULATION</u>
Treatment Date: <u>10/03/2019</u>	End Date: <u>10/15/2019</u>	Date of First Production this formation: <u>12/04/2019</u>
Perforations Top: <u>7265</u>	Bottom: <u>16881</u>	No. Holes: <u>999</u> Hole size: <u>0.42</u>

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

Niobrara completed with 188 bbls 28% HCl, 372,924 bbls slurry, 959,412 lbs 100 Mesh, 13,748,635 lbs 40/70

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): <u>373112</u>	Max pressure during treatment (psi): <u>8838</u>
Total gas used in treatment (mcf): _____	Fluid density at initial fracture (lbs/gal): <u>8.43</u>
Type of gas used in treatment: _____	Min frac gradient (psi/ft): <u>0.95</u>
Total acid used in treatment (bbl): <u>188</u>	Number of staged intervals: <u>41</u>
Recycled water used in treatment (bbl): _____	Flowback volume recovered (bbl): <u>0</u>
Fresh water used in treatment (bbl): <u>372924</u>	Disposition method for flowback: <u>DISPOSAL</u>
Total proppant used (lbs): <u>14708047</u>	Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/>

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: <u>12/29/2019</u>	Hours: <u>24</u>	Bbl oil: <u>711</u>	Mcf Gas: <u>923</u>	Bbl H2O: <u>241</u>
Calculated 24 hour rate:	Bbl oil: <u>711</u>	Mcf Gas: <u>923</u>	Bbl H2O: <u>241</u>	GOR: <u>1298</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>2440</u>	Tubing PSI: <u>1299</u>	Choke Size: <u>22/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	Btu Gas: <u>1280</u>	API Gravity Oil: <u>42</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7022</u>	Tbg setting date: <u>11/24/2019</u>	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: 401' FNL 439' 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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Total: 0 comment(s)