

FORM
5A
Rev
09/20

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:
402622854

Date Received:
03/09/2021

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: 2001 16TH STREET SUITE 900
City: DENVER State: CO Zip: 80202
4. Contact Name: Craig Richardson
Phone: (303) 228-4232
Fax: _____
Email: Denverregulatory@nblenergy.com

5. API Number 05-123-48047-00
6. County: WELD
7. Well Name: Guttersen
Well Number: Y05-749
8. Location: QtrQtr: SENW Section: 29 Township: 3N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 01/13/2021 End Date: 01/25/2021 Date this Formation was Completed: 03/02/2021

Perforations Top: 7373 Bottom: 19880 No. Holes: 1706 Hole size: 0.42 Open Hole:

Describe the Formation Treatment, including the following: type of fluid used (gel, slickwater, etc.), type and concentration of acid used (HCl, HF, etc.), types and amounts of proppant(s) used, depth details of multiple zones, and method used to determine flowback volume.

Niobrara completed 230 bbls 28% HCl, 561,661 bbls Slurry, 20,601,031 blls 40/70 sand, 1,183,274 bbls 100 Mesh sand

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 561891 Max pressure during treatment (psi): 8291

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): 0.96

Total acid used in treatment (bbl): 230 Number of staged intervals: 53

Recycled or Reused Fluids used in treatment (bbl): _____ Flowback volume recovered (bbl): 0

Fresh water used in treatment (bbl): 561661 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 21784305

Fracture stimulations must be reported on FracFocus.org

Test Information:

03/07/2021 Hours: 24 Bbl oil: 247 Mcf Gas: 398 Bbl H2O: 1337
Date Calculated 24 hour rate: Bbl oil: 247 Mcf Gas: 398 Bbl H2O: 1337 GOR: 1611
Test Method: Flowing Casing PSI: 1380 Tubing PSI: 1635 Choke Size: 21/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1375 API Gravity Oil: 42
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7000 Tbg setting date: 03/02/2021 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" 2249' FSL, 2160' FEL, Sec 29, T3N, R64W

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: 3/9/2021 Email: DenverRegulatory@chevron.onmicrosoft.com

Attachment List

Att Doc Num	Name
402622854	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Permit Review Complete	09/29/2022
Permit	Made the following changes with concurrence from the operator: - Corrected No Holes used in completion.	06/07/2022
Permit	- Corrected TPZ comment from 2160' FWL to 2160' FEL. Confirmed from plat map. - Updated designated agent email contact. Emailed operator for the following: - Ask for No Holes used in completion.	05/03/2022

Total: 3 comment(s)