

FORM
5A

Rev
09/20

State of Colorado

Energy & Carbon Management Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:
403331680

Date Received:
11/16/2023

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. ECMC Operator Number: <u>100322</u>	4. Contact Name: <u>Randy Thweatt</u>
2. Name of Operator: <u>NOBLE ENERGY INC</u>	Phone: <u>(303) 228-4200</u>
3. Address: <u>1099 18TH STREET SUITE 1500</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>denverregulatory@chevron.onmicrosoft.com</u>

5. API Number <u>05-123-49298-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>BOOTH FEDERAL</u>	Well Number: <u>DD06-775</u>
8. Location: QtrQtr: <u>NWNW</u> Section: <u>31</u> Township: <u>4N</u> Range: <u>63W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 10/30/2022 End Date: 11/20/2022 Date this Formation was Completed: 02/09/2023

Perforations Top: 7352 Bottom: 17362 No. Holes: 1344 Hole size: 40/100 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 with 159 bbls 28% HCL, 542,913 bbls slurry, 35,876 bbls Recycled Water, 1,849,375 lb 100 mesh, 16,279,247 lb 40/70.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 578948 Max pressure during treatment (psi): 8419

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): 0.99

Total acid used in treatment (bbl): 159 Number of staged intervals: 42

Recycled or Reused Fluids used in treatment (bbl): 35876 Flowback volume recovered (bbl): 0

Fresh water used in treatment (bbl): 542913 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 18128622

Fracture stimulations must be reported on FracFocus.org

Test Information:

02/25/2023 Hours: 24 Bbl oil: 603 Mcf Gas: 1123 Bbl H2O: 1232

Calculated 24 hour rate: Bbl oil: 603 Mcf Gas: 1123 Bbl H2O: 1232 GOR: 1862

Test Method: Flowing Casing PSI: 1134 Tubing PSI: 1672 Choke Size: 21/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1302 API Gravity Oil: 42

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6969 Tbg setting date: 01/03/2023 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 31, T4N 63W: 215' FNL, 1037' 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: 11/16/2023 Email julie.webb@chevron.com

ATTACHMENT LIST

Att Doc Num	Name
403331680	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Permit review complete - Passed Task Return to DRAFT - per operator request	10/31/2023

Total: 1 comment(s)