

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:

403994197

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. ECMC Operator Number: 100322

2. Name of Operator: NOBLE ENERGY INC

3. Address: 1099 18TH STREET SUITE 1500

City: DENVER State: CO Zip: 80202

4. Contact Name: Randy Thweatt

Phone: (303) 829-2393

Fax:

Email: denverregulatory@chevron.onmicrosoft.com

5. API Number 05-123-49228-00

7. Well Name: BEEBE DRAW FEDERAL

8. Location: QtrQtr: NWSE Section: 3 Township: 3N Range: 65W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: H15-715

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING
Treatment Date: 09/16/2024 End Date: 09/22/2024 Date this Formation was Completed: 10/24/2024
Perforations Top: 7907 Bottom: 12984 No. Holes: 672 Hole size: 0.38 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 335 bbls 28% HCL, 283,940 bbls slurry, 9,091,628 lb 40/70.

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 284275 Max pressure during treatment (psi): 8506
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): 0.97
Total acid used in treatment (bbl): 335 Number of staged intervals: 21
Recycled or Reused Fluids used in treatment (bbl): _____ Flowback volume recovered (bbl): 0
Fresh water used in treatment (bbl): 283940 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 9091628

Fracture stimulations must be reported on FracFocus.org

Test Information:

10/27/2024 Hours: 24 Bbl oil: 101 Mcf Gas: 686 Bbl H2O: 375
Date Calculated 24 hour rate: Bbl oil: 101 Mcf Gas: 686 Bbl H2O: 375 GOR: 6792
Test Method: Flowing Casing PSI: 2937 Tubing PSI: 2041 Choke Size: 18/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1126 API Gravity Oil: 42
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7706 Tbg setting date: 10/15/2024 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 10, T3N R65W: 196' FNL, 315' FEL

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: Kim Bauer
Title: Regulatory Analyst II Date: _____ Email: denverregulatory@chevron.onmicrosoft.com

ATTACHMENT LIST

Att Doc Num	Name
403994201	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)