

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:

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Date Received:

09/19/2023

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: 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) 228-4000
Fax: _____
Email: DenverRegulatory@chevron.onmicrosoft.com

5. API Number 05-123-48939-00
6. County: WELD
7. Well Name: Guttersen
Well Number: C28-755
8. Location: QtrQtr: SESW Section: 33 Township: 4N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING
Treatment Date: 05/27/2023 End Date: 06/12/2023 Date this Formation was Completed: 08/21/2023
Perforations Top: 7416 Bottom: 17010 No. Holes: 1316 Hole size: _____ 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 503 bbls 28% HCL, 549,367 bbls slurry, 1,726,173 lb 100 mesh, 14,739,327 lb 40/70.

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

Total fluid used in treatment (bbl): 549870 Max pressure during treatment (psi): 8534
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): 503 Number of staged intervals: 46
Recycled or Reused Fluids used in treatment (bbl): _____ Flowback volume recovered (bbl): 0
Fresh water used in treatment (bbl): 549367 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 16465500

Fracture stimulations must be reported on FracFocus.org

Test Information:

08/23/2023 Hours: 24 Bbl oil: 229 Mcf Gas: 778 Bbl H2O: 420
Date Calculated 24 hour rate: Bbl oil: 229 Mcf Gas: 778 Bbl H2O: 420 GOR: 3397
Test Method: Flowing Casing PSI: 2812 Tubing PSI: 2025 Choke Size: 18/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1336 API Gravity Oil: 42
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7125 Tbg setting date: 08/16/2023 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 33, T4N 64W: 473' FSL, 2248' FWL

Drilling Beyond the Unit Boundary Setback:

1. Bottom perf interval 486' FNL, 2303' FWL, Section 28, T4N, R64W
2. This well is a cemented monobore, the wellbore is physically isolated with cement.
3. None of the wellbore beyond the setback was completed.

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: 9/19/2023 Email: DenverRegulatory@chevron.onmicrosoft.com
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ATTACHMENT LIST

Att Doc Num **Name**

403518686 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	01/08/2025

Total: 1 comment(s)