

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



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Document Number:
400295449

Date Received:
06/14/2012

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>	4. Contact Name: <u>Tania McNutt</u>
2. Name of Operator: <u>NOBLE ENERGY INC</u>	Phone: <u>(303) 228-4392</u>
3. Address: <u>1625 BROADWAY STE 2200</u>	Fax: <u>(303) 228-4286</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

5. API Number <u>05-123-32929-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>DECHANT USX X</u>	Well Number: <u>29-05</u>
8. Location: QtrQtr: <u>SWNW</u> Section: <u>29</u> Township: <u>2N</u> Range: <u>65W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/01/2011 End Date: 12/01/2011 Date of First Production this formation: 01/26/2012
Perforations Top: 7314 Bottom: 7328 No. Holes: 56 Hole size: 0.4

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

Pumped 250,922 lbs of Ottawa Proppant and 116,6667 gallons of 15% HCL, Slick Water and Silverstim.
The Codell is producing through a composite flow through plug
Commingle Niobrara and Codell

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 3050 Max pressure during treatment (psi): 3304
Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____
Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.80
Total acid used in treatment (bbl): _____ Number of staged intervals: 11
Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____ Disposition method for flowback: RECYCLE
Total proppant used (lbs): 250922 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____
Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____
Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
Gas Disposition: SOLD Gas Type: WET Btu Gas: _____ API Gravity Oil: _____
Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ 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.

FORMATION: J-NIOBRARA-CODELL Status: COMMINGLED Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: _____

Perforations Top: _____ Bottom: _____ No. Holes: _____ Hole size: _____

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

This formation is commingled with another formation: Yes No

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

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: _____ Min frac gradient (psi/ft): _____

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

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____

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

Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 02/03/2012 Hours: 24 Bbl oil: 77 Mcf Gas: 134 Bbl H2O: 14

Calculated 24 hour rate: Bbl oil: 77 Mcf Gas: 134 Bbl H2O: 14 GOR: 1779

Test Method: FLOWING Casing PSI: 850 Tubing PSI: _____ Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1273 API Gravity Oil: 48

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ 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.

FORMATION: J SAND Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/01/2011 End Date: 12/01/2011 Date of First Production this formation: 01/26/2012
Perforations Top: 7772 Bottom: 7804 No. Holes: 88 Hole size: 0.41

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

Pumped 273,479 lbs of Ottawa Proppant, 11,677 lbs of SB Excel Proppant and 146,520 gallons of Slick Water and Silverstim. The J-Sand is producing through a composite flow through plug

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 3797 Max pressure during treatment (psi): 2980
Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____
Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.62
Total acid used in treatment (bbl): _____ Number of staged intervals: 10
Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____ Disposition method for flowback: RECYCLE
Total proppant used (lbs): 285156 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 02/03/2012 Hours: 24 Bbl oil: 77 Mcf Gas: 134 Bbl H2O: 14
Calculated 24 hour rate: Bbl oil: 77 Mcf Gas: 134 Bbl H2O: 14 GOR: 1779
Test Method: FLOWING Casing PSI: 850 Tubing PSI: _____ Choke Size: 12/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1273 API Gravity Oil: 48
Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ 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.

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/01/2011 End Date: 12/01/2011 Date of First Production this formation: 01/26/2012

Perforations Top: 7089 Bottom: 7328 No. Holes: 104 Hole size: _____

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

This formation is commingled with another formation: Yes No

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

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: _____ Min frac gradient (psi/ft): _____

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

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____

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

Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 02/03/2012 Hours: 24 Bbl oil: 77 Mcf Gas: 134 Bbl H2O: 14

Calculated 24 hour rate: Bbl oil: 77 Mcf Gas: 134 Bbl H2O: 14 GOR: 1779

Test Method: FLOWING Casing PSI: 850 Tubing PSI: _____ Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1273 API Gravity Oil: 48

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ 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.

FORMATION: NIOBRARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/01/2011 End Date: 12/01/2011 Date of First Production this formation: 01/26/2012
Perforations Top: 7089 Bottom: 7187 No. Holes: 48 Hole size: 0.71

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

Pumped 259,806 lbs of Ottawa Proppant and 155,494 gallons of Slick Water and Silverstim
Commingled Niobrara and Codell

This formation is commingled with another formation: Yes No
Total fluid used in treatment (bbl): 3984 Max pressure during treatment (psi): 4194
Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____
Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.82
Total acid used in treatment (bbl): _____ Number of staged intervals: 9
Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____ Disposition method for flowback: RECYCLE
Total proppant used (lbs): 259806 Rule 805 green completion techniques were utilized:
Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____
Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____
Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____
Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ 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: _____

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.
Signed: _____ Print Name: Tania McNutt
Title: Regulatory Analyst Date: 6/14/2012 Email: tmcnutt@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400295449	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
Permit	All zones were tested together per operator. Added a J-Niobrara-Codell panel.	9/25/2012 9:52:54 AM
Permit	Requested information from operator about testing procedure.	9/21/2012 3:50:52 PM

Total: 2 comment(s)