

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:

400843177

Date Received:

06/02/2015

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: 1625 BROADWAY STE 2200

City: DENVER State: CO Zip: 80202

4. Contact Name: Julie Webb

Phone: (720) 587-2223

Fax:

Email: jwebb@progressivepcs.net

5. API Number 05-123-35817-00

7. Well Name: LONGS AC

8. Location: QtrQtr: SWSE Section: 2 Township: 7N Range: 63W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: 02-15

Completed Interval

FORMATION: GREENHORN		Status: TEMPORARILY ABANDONED		Treatment Type: _____	
Treatment Date: _____		End Date: _____		Date of First Production this formation: _____	
Perforations	Top: 6964	Bottom: 7126	No. Holes: 9	Hole size: 0.42	

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐

(5/24/13 - 7/3/13)Greenhorn Formation Perforated only- no treatment performed. No test data available; this formation never produced.

6/20/2013 Composite Bridge Plug 7100'

7/3/2013 Composite Bridge Plug 7035'

7/16/2013 Composite Bridge Plug 6940'

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: <input type="checkbox"/>

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: Not Economical

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: GRANEROS		Status: TEMPORARILY ABANDONED		Treatment Type: _____	
Treatment Date: _____		End Date: _____		Date of First Production this formation: _____	
Perforations	Top: 7180	Bottom: 7181	No. Holes: 3	Hole size: 0.42	

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐

(5/24/13 - 5/29/13) Graneros Formation Perforated only- no treatment performed. No test data available; this formation never produced.  
 6/6/2013 Composite Bridge Plug 7160'

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: <input type="checkbox"/>

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: Not Economical

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: LYONS		Status: ABANDONED WELLBORE/COMPLETION		Treatment Type: _____	
Treatment Date: _____		End Date: _____		Date of First Production this formation: _____	
Perforations	Top: 8610	Bottom: 8688	No. Holes: 88	Hole size: 0.42	

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐

Lyons Formation Perforated only- no treatment performed. No test data available; this formation never produced.  
  
 9/10/2012 CIBP 8655' Cement ticket attached  
 5/22/2013 CIBP 8510' Cement ticket attached

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: <input type="checkbox"/>

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: On 9/10/2012 the original perf's (8680-8688) were abandoned. It was opened again with perf's (8616-8624) on 9/12/12 and (8610-8616) on 10/10/2012. It was abandoned on 5/22/2013

Date formation Abandoned: 05/22/2013 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt \_\_\_\_\_

\*\* Bridge Plug Depth: 8510      \*\* Sacks cement on top: 2      \*\* Wireline and Cement Job Summary must be attached.

FORMATION: NIOBRARA		Status: TEMPORARILY ABANDONED		Treatment Type: _____	
Treatment Date: _____		End Date: _____		Date of First Production this formation: _____	
Perforations	Top: 6662	Bottom: 6853	No. Holes: 15	Hole size: 0.42	

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐

(7/16/13 - 10/28/13) Niobrara Formation Perforated only- no treatment performed. No test data available; this formation never produced.

7/24/2013 Composite Bridge Plug 6845'

8/7/2013 Composite Bridge Plug 6813'

10/14/2013 Composite Bridge Plug 6770'

10/28/2013 Composite Bridge Plug 6730'

10/15/2013 Composite Bridge Plug 6650'

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: <input type="checkbox"/>

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: Not Economical

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: SHARON SPRINGS Status: SHUT IN Treatment Type: \_\_\_\_\_  
Treatment Date: 11/15/2013 End Date: 12/03/2013 Date of First Production this formation: \_\_\_\_\_  
Perforations Top: 6500 Bottom: 6601 No. Holes: 6 Hole size: 0.42  
Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐

(11/15/13 - 12/3/13) Sharon Springs Formation Perforated only- no treatment performed. No test data available; this formation never produced.

12/3/2013 Composite Bridge Plug 6540'

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: \_\_\_\_\_ 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: Not Economical

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:**

Composite Bridge Plugs were set:  
6/6/2013 Composite Bridge Plug 7160'  
6/20/2013 Composite Bridge Plug 7100'  
7/3/2013 Composite Bridge Plug 7035'  
7/16/2013 Composite Bridge Plug 6940'  
7/24/2013 Composite Bridge Plug 6845'  
8/7/2013 Composite Bridge Plug 6813'  
10/14/2013 Composite Bridge Plug 6770'  
10/28/2013 Composite Bridge Plug 6730'  
10/15/2013 Composite Bridge Plug 6650'  
12/3/2013 Composite Bridge Plug 6540'  
All composite bridge plug tickets are attached.

9/10/2012 CIBP 8655' Cement ticket attached  
5/22/2013 CIBP 8510' Cement ticket attached

A wellbore diagram and cement tickets are attached to help explain the history of this well.

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: Regulatory Analyst Date: 6/2/2015 Email: jwebb@progressivepcs.net

### Attachment Check List

**Att Doc Num****Name**

400843177	FORM 5A SUBMITTED
400843935	OTHER
400844732	WELLBORE DIAGRAM
400844747	CEMENT JOB SUMMARY
400844749	CEMENT JOB SUMMARY

Total Attach: 5 Files

### General Comments

**User Group****Comment****Comment Date**

Permit	Operator confirmed that top perms on Sharon Springs Fm. are SI status. Correction has been made to form.	5/8/2015 7:57:11 AM
Permit	Contacted operator to confirm status of top perms on Sharon Springs Fm. Copied all operator comments from submit section to their appropriate formation treatment summary sections.	6/5/2015 10:09:31 AM
Permit	Corrected No. Holes in Greenhorn Fm. from 6 to 9 to reflect WBD. Contacted engineering dept. for review prior to passing permitting task.	5/3/2015 9:39:41 AM

Total: 3 comment(s)