

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:

400976439

Date Received:

01/22/2016

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: 1001 NOBLE ENERGY WAY  
City: HOUSTON State: TX Zip: 77070  
4. Contact Name: Julie Webb  
Phone: (720) 587-2223  
Fax:  
Email: jwebb@progressivepcs.net

5. API Number 05-123-16977-00  
6. County: WELD  
7. Well Name: TANIA BLUE D  
Well Number: 2-9  
8. Location: QtrQtr: NESE Section: 2 Township: 3N Range: 64W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type:  
Treatment Date: End Date: Date of First Production this formation: 07/09/1993  
Perforations Top: 6846 Bottom: 6860 No. Holes: 108 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: 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.

FORMATION: NIOBRARA-CODELL		Status: PRODUCING		Treatment Type: _____	
Treatment Date: _____		End Date: _____		Date of First Production this formation: 05/04/2012	
Perforations	Top: 6620	Bottom: 6860	No. Holes: 204	Hole size: _____	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
This formation is commingled with another formation:			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: _____					
<b>Fracture stimulations must be reported on FracFocus.org</b>					
<b><u>Test Information:</u></b>					
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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
Date formation Abandoned: _____	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: 04/24/2012 End Date: 04/29/2012 Date of First Production this formation: 05/04/2012

Perforations Top: 6620 Bottom: 6684 No. Holes: 96 Hole size: 0.2

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

NBRR frac'd with 246105 lb Ottawa Sand, 144403 gal fresh water, 155614 gal silverstem slickwater

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

Total fluid used in treatment (bbl): 7143

Max pressure during treatment (psi): 5394

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):

Number of staged intervals:

Recycled water used in treatment (bbl): 3705

Flowback volume recovered (bbl):

Fresh water used in treatment (bbl): 3438

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 246105

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

### Test Information:

Date: 05/08/2012 Hours: 2 Bbl oil: 11 Mcf Gas: 83 Bbl H2O: 12

Calculated 24 hour rate: Bbl oil: 132 Mcf Gas: 996 Bbl H2O: 144 GOR: 7545

Test Method: Flowing Casing PSI: 1300 Tubing PSI: 400 Choke Size: 32/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1368 API Gravity Oil: 50

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:

Form 5A submitted for NCOM

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: 1/22/2016 Email: jwebb@progressivepcs.net

## Attachment Check List

Att Doc Num Name

400976439 FORM 5A SUBMITTED

Total Attach: 1 Files

## General Comments

User Group Comment

Comment Date

Permit •Corrected calculated 24 hr test rates of the NBRR. 11/06/2018

Total: 1 comment(s)