

FORM
5A

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

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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: Andrea Rawson
Phone: (303) 228-4253
Fax: (303) 228-4286

5. API Number 05-123-22188-00
6. County: WELD
7. Well Name: GUTTERSEN STATE D
Well Number: 12-2JI
8. Location: QtrQtr: NWNE Section: 12 Township: 3N Range: 64W Meridian: 6

Completed Interval

FORMATION: CODELL Status: PRODUCING
Treatment Date: 06/17/2010 Date of First Production this formation: 06/25/2010
Perforations Top: 6847 Bottom: 6858 No. Holes: 44 Hole size: _____
Provide a brief summary of the formation treatment: Open Hole: ☐
Re-Frac'd Codell w/ 128,664 gals of Slick Water and Vistar with 245,500#'s of Ottawa sand.
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 07/09/2010 Hours: 24 Bbls oil: 23 Mcf Gas: 45 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 23 Mcf Gas: 45 Bbls H2O: 0 GOR: 1956
Test Method: Flowing Casing PSI: 1250 Tubing PSI: 1250 Choke Size: 16
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1319 API Gravity Oil: 47
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6832 Tbg setting date: 06/15/2010 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: _____

Comment: _____

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Andrea Rawson
Title: Regulatory Specialist Date: _____ Email: arawson@nobleenergyinc.com

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ **Director of COGCC** Date: _____