

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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COMPLETED INTERVAL REPORT

Document Number:

400079946

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 4. Contact Name: Justin Garrett
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4449
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
City: DENVER State: CO Zip: 80202

5. API Number 05-123-30201-00 6. County: WELD
7. Well Name: GUTTERSEN D Well Number: 04-32
8. Location: QtrQtr: SWNW Section: 4 Township: 3N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 04/14/2010 Date of First Production this formation: 04/16/2010

Perforations Top: 6933 Bottom: 6946 No. Holes: 52 Hole size: 041/100

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

Frac'd Codell w/133812 gals of Silverstim, Acid, and Slickwater with 269178 lbs of Ottawa sand

This formation is commingled with another formation: [X] Yes [ ] No

Test Information:

Date: Hours: Bbls oil: Mcf Gas: Bbls H2O:

Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls 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:

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 06/30/2010 Date of First Production this formation: 07/01/2010

Perforations Top: 6666 Bottom: 6946 No. Holes: 124 Hole size: \_\_\_\_\_

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

Codell & Niobrara are commingled

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 04/23/2010 Hours: 24 Bbls oil: 80 Mcf Gas: 297 Bbls H2O: 69

Calculated 24 hour rate: Bbls oil: 80 Mcf Gas: 297 Bbls H2O: 69 GOR: 3712

Test Method: Flowing Casing PSI: 1200 Tubing PSI: 0 Choke Size: 010/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1218 API Gravity Oil: 52

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: \_\_\_\_\_

FORMATION: NIOBRARA Status: COMMINGLED

Treatment Date: 07/14/2010 Date of First Production this formation: 04/16/2010

Perforations Top: 6666 Bottom: 6824 No. Holes: 72 Hole size: 073/100

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

Frac'd Niobrara w/ 287700 gals of Silverstim, Acid, and Slick Water with 393556 lbs of Ottawa sand

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: \_\_\_\_\_ Hours: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_

Calculated 24 hour rate: Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls 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: \_\_\_\_\_

Comment: \_\_\_\_\_

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

Signed: \_\_\_\_\_ Print Name: Justin Garrett

Title: REgulatory Specialist Date: \_\_\_\_\_ Email JDGarrett@nobleenergyinc.com  
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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: \_\_\_\_\_