

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:

2556264

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 4. Contact Name: EILEEN ROBERTS
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4330
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
City: DENVER State: CO Zip: 80202

5. API Number 05-123-30687-00 6. County: WELD
7. Well Name: GUTTERSEN STATE D Well Number: 16-22D
8. Location: QtrQtr: NWSE Section: 16 Township: 3N Range: 64W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>05/25/2010</u>	Date of First Production this formation: <u>05/27/2010</u>
Perforations Top: <u>7054</u> Bottom: <u>7068</u>	No. Holes: <u>56</u> Hole size: <u>41/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
FRAC'D CODELL W/129813 GALS OF VISTAR AND SLICKWATER WITH 269,220#S OF OTTAWA SAND. THE CODELL IS PRODUCING THROUGH A COMPOSITE FLOW THROUGH PLUG.	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____	
Bridge Plug Depth: _____ Sacks cement on top: _____	

FORMATION: <u>NIOBRARA-CODELL</u>			Status: <u>PRODUCING</u>		
Treatment Date: <u>05/25/2010</u>		Date of First Production this formation: _____			
Perforations	Top: <u>6838</u>	Bottom: <u>7068</u>	No. Holes: <u>104</u>	Hole size: _____	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
<u>COMMINGLE CODELL/NIOBRARA.</u>					
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Test Information:					
Date: <u>06/04/2010</u>	Hours: <u>24</u>	Bbls oil: <u>65</u>	Mcf Gas: <u>286</u>	Bbls H2O: <u>42</u>	
Calculated 24 hour rate:		Bbls oil: <u>65</u>	Mcf Gas: <u>286</u>	Bbls H2O: <u>42</u>	GOR: <u>4400</u>
Test Method: <u>FLOWING</u>		Casing PSI: <u>600</u>	Tubing PSI: <u>0</u>	Choke Size: <u>12/64</u>	
Gas Disposition: <u>SOLD</u>		Gas Type: <u>WET</u>	BTU Gas: <u>1337</u>	API Gravity Oil: <u>55</u>	
Tubing Size: _____		Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____	
Reason for Non-Production: _____					
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: _____			

FORMATION: <u>NIOBRARA</u>			Status: <u>COMMINGLED</u>		
Treatment Date: <u>05/25/2010</u>		Date of First Production this formation: <u>05/27/2010</u>			
Perforations	Top: <u>6836</u>	Bottom: <u>6932</u>	No. Holes: <u>48</u>	Hole size: <u>73/100</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
<u>FRAC'D NIOBRARA W/175697 GALS OF VISTAR AND SLICKWATER WITH 247,640#S OF OTTAWA SAND.</u>					
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> 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: <u>EILEEN ROBERTS</u>	
Title: <u>REGULATORY</u>	Date: <u>6/24/2010</u>	Email: <u>EROBERTS@NOBLEENERGYINC.COM</u>	

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: David S. Neslin Director of COGCC Date: 10/26/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2556264	FORM 5A SUBMITTED	LF@2512325 2556264

Total Attach: 1 Files