

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



| | | | |
|----|----|----|----|
| DE | ET | OE | ES |
|----|----|----|----|

Document Number:

400099275

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: 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 05-123-30881-00 6. County: WELD
7. Well Name: GUTTERSEN STATE D Well Number: 16-18
8. Location: QtrQtr: NENW Section: 16 Township: 3N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

| | |
|--|---|
| FORMATION: <u>CODELL</u> | Status: <u>COMMINGLED</u> |
| Treatment Date: <u>07/20/2010</u> | Date of First Production this formation: <u>07/22/2010</u> |
| Perforations Top: <u>6958</u> Bottom: <u>6971</u> | No. Holes: <u>52</u> Hole size: <u>41/100</u> |
| Provide a brief summary of the formation treatment: | Open Hole: <input type="checkbox"/> |
| <u>Frac'd Codell w/ 130859 gals Vistar and Acid with 268040 lbs Ottawa sand</u> <u>The Codell is producing through cast iron flow through plugs</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: _____ | |

| | | | | | |
|--|------------------|---|-------------------------------------|----------------------------|------------------|
| FORMATION: <u>NIOBRARA-CODELL</u> | | | Status: <u>PRODUCING</u> | | |
| Treatment Date: <u>07/20/2010</u> | | Date of First Production this formation: <u>07/22/2010</u> | | | |
| Perforations | Top: <u>6688</u> | Bottom: <u>6971</u> | No. Holes: <u>100</u> | Hole size: _____ | |
| Provide a brief summary of the formation treatment: | | | Open Hole: <input type="checkbox"/> | | |
| <div style="border: 1px solid black; padding: 2px;">The Codell and Niobrara are commingled</div> | | | | | |
| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | |
| Test Information: | | | | | |
| Date: <u>07/29/2010</u> | Hours: <u>24</u> | Bbls oil: <u>100</u> | Mcf Gas: <u>261</u> | Bbls H2O: <u>43</u> | |
| Calculated 24 hour rate: | | Bbls oil: <u>100</u> | Mcf Gas: <u>261</u> | Bbls H2O: <u>43</u> | GOR: <u>2610</u> |
| Test Method: <u>flowing</u> | | Casing PSI: <u>1000</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>1330</u> | API Gravity Oil: <u>49</u> | |
| 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: _____ | | | |

| | | | | | |
|--|------------------|---|-------------------------------------|--------------------------|------------|
| FORMATION: <u>NIOBRARA</u> | | | Status: <u>COMMINGLED</u> | | |
| Treatment Date: <u>07/20/2010</u> | | Date of First Production this formation: <u>07/22/2010</u> | | | |
| Perforations | Top: <u>6688</u> | Bottom: <u>6832</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"/> | | |
| <div style="border: 1px solid black; padding: 2px;">Frac'd Niobrara w/ 174040 gals Vistar, Acid, and Slick Water with 245060 lbs Ottawa sand</div> | | | | | |
| 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: <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: _____ | | | |

| |
|---|
| Comment: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
|---|

| | | | |
|--|-------------------------|--|--|
| I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete. | | | |
| Signed: _____ | | Print Name: <u>Justin Garrett</u> | |
| Title: <u>Regulatory Specialist</u> | Date: <u>10/11/2010</u> | Email: <u>JDGarrett@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: 12/29/2010

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 400099275 | FORM 5A SUBMITTED |

Total Attach: 1 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|----------------|---------------------|
| | | |

Total: 0 comment(s)