

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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COMPLETED INTERVAL REPORT

Document Number:

400230137

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: Justin Garrett
Phone: (303) 228-4449
Fax: (303) 228-4286

5. API Number 05-123-31910-00
6. County: WELD
7. Well Name: GUTTERSEN D Well Number: 03-33D
8. Location: QtrQtr: SESE Section: 4 Township: 3N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 07/25/2011 Date of First Production this formation: 07/27/2011
Perforations Top: 6793 Bottom: 7014 No. Holes: 96 Hole size:

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

Codell & Niobrara are commingled; the Codell is producing through a composite flow through plug
Niobrara 6793'-6892', 48 holes, .73"
Frac'd Niobrara w/154710 gals Vistar and Slick Water with 250840 lbs Ottawa sand
Codell 7002'-7014', 48 holes, .40"
Frac'd Codell w/112595 gals Vistar, 15% HCl, and Slick Water with 250240 lbs Ottawa sand

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

Test Information:

Date: 08/05/2011 Hours: 24 Bbls oil: 47 Mcf Gas: 165 Bbls H2O: 18
Calculated 24 hour rate: Bbls oil: 47 Mcf Gas: 165 Bbls H2O: 18 GOR: 3511
Test Method: Flowing Casing PSI: 750 Tubing PSI: 0 Choke Size: 10/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1258 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:

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

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: _____

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)