

FORM
5A

Rev
06/12

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400265027

Date Received:

03/26/2012

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: <u>100322</u>	4. Contact Name: <u>Eileen Roberts</u>
2. Name of Operator: <u>NOBLE ENERGY INC</u>	Phone: <u>(303) 2284330</u>
3. Address: <u>1625 BROADWAY STE 2200</u>	Fax: <u>(303) 2284286</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

5. API Number <u>05-123-34507-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>GUTTERSEN C</u>	Well Number: <u>33-32</u>
8. Location: QtrQtr: <u>NWSW</u> Section: <u>33</u> Township: <u>4N</u> Range: <u>64W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: NIORRARA-CODELL Status: PRODUCING Treatment Type: _____
Treatment Date: 12/15/2011 End Date: _____ Date of First Production this formation: 01/04/2012
Perforations Top: 6727 Bottom: 6951 No. Holes: 100 Hole size: 0
Provide a brief summary of the formation treatment: _____ Open Hole:

Frac'd the Niobrara-Codell w/ 409254 gals of 15% HCL and Slick Water with 278,539# of Ottawa sand.

The Codell is producing through a Composite Flow Through Plug.

Commingle the Niobrara and Codell.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: _____ Number of staged intervals: _____

Total acid used in treatment (bbl): _____ Max frac gradient (psi/ft): _____

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____

Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 01/13/2012 Hours: 8 Bbl oil: 40 Mcf Gas: 250 Bbl H2O: 4

Calculated 24 hour rate: Bbl oil: 40 Mcf Gas: 250 Bbl H2O: 4 GOR: 6250

Test Method: FLOWING Casing PSI: 1360 Tubing PSI: 0 Choke Size: 014/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1267 API Gravity Oil: 56

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: Eileen Roberts

Title: Regulatory Specialist Date: 3/26/2012 Email: eroberts@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400265027	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)