

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:

400331731

Date Received:

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
2. Name of Operator: NOBLE ENERGY INC
3. Address: 1625 BROADWAY STE 2200
City: DENVER State: CO Zip: 80202
4. Contact Name: JEAN MUSE-REYNOLDS
Phone: (303) 228-4316
Fax: (303) 228-4286

5. API Number 05-123-33987-00
6. County: WELD
7. Well Name: GUTTERSEN D
Well Number: 04-31D
8. Location: QtrQtr: NWNW Section: 4 Township: 3N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 07/13/2012 End Date: 07/13/2012 Date of First Production this formation: 07/19/2012

Perforations Top: 7112 Bottom: 7122 No. Holes: 40 Hole size: 0.4

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

PUMPED 151972# OTTAWA SAND DOWNHOLE IN 205152GALS OF 15%HCL/FRESH/SLICK WATER
CODELL IS PRODUCING THRU A COMPOSITE FLOW THROUGH PLUG.

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

Total fluid used in treatment (bbl): 4885 Max pressure during treatment (psi): 5919

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment: Min frac gradient (psi/ft): 0.95

Total acid used in treatment (bbl): 12 Number of staged intervals: 9

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

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

Total proppant used (lbs): 151972 Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:

Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:

Test Method: Casing PSI: Tubing PSI: Choke Size:

Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7074 Tbg setting date: 09/21/2012 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: ** Wireline and Cement Job Summary must be attached.

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type: _____
Treatment Date: _____ End Date: _____ Date of First Production this formation: 07/19/2012
Perforations Top: 6909 Bottom: 7122 No. Holes: 88 Hole size: 0.4
Provide a brief summary of the formation treatment: _____ Open Hole: ☐

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: _____ Min frac gradient (psi/ft): _____
Total acid used in treatment (bbl): _____ Number of staged intervals: _____
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: 07/24/2012 Hours: 0 Bbl oil: 115 Mcf Gas: 434 Bbl H2O: 34
Calculated 24 hour rate: Bbl oil: 115 Mcf Gas: 434 Bbl H2O: 34 GOR: 3774
Test Method: FLOWING Casing PSI: 1000 Tubing PSI: 0 Choke Size: 12/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1270 API Gravity Oil: 55
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7074 Tbg setting date: 09/21/2012 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: _____ ** Wireline and Cement Job Summary must be attached.

FORMATION: NIOBRARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION
Treatment Date: 07/13/2012 End Date: 07/13/2012 Date of First Production this formation: 07/19/2012
Perforations Top: 6909 Bottom: 7000 No. Holes: 48 Hole size: 0.71
Provide a brief summary of the formation treatment: Open Hole: ☐

PUMPED 159426# OTTAWA SAND DOWNHOLE IN 204394GALS OF FRESH/SLICK WATER
CODELL IS PRODUCING THRU A COMPOSITE FLOW THROUGH PLUG.

This formation is commingled with another formation: ☐ Yes ☒ No
Total fluid used in treatment (bbl): 4867 Max pressure during treatment (psi): 5430
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.34
Type of gas used in treatment: Min frac gradient (psi/ft): 0.95
Total acid used in treatment (bbl): Number of staged intervals: 7
Recycled water used in treatment (bbl): Flowback volume recovered (bbl):
Fresh water used in treatment (bbl): Disposition method for flowback: RECYCLE
Total proppant used (lbs): 159426 Rule 805 green completion techniques were utilized: ☒
Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:
Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:
Test Method: Casing PSI: Tubing PSI: Choke Size:
Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7074 Tbg setting date: 09/21/2012 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: ** Wireline and Cement Job Summary must be attached.

Comment:

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

Signed: Print Name: JEAN MUSE-REYNOLDS
Title: REGULATORY COMPLIANCE Date: Email: jmuse@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)