

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:

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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: Kathleen Mills
Phone: (720) 587-2226
Fax: (303) 228-4286
Email: kmills@nobleenergyinc.com

5. API Number 05-123-22280-00
6. County: WELD
7. Well Name: GUTTERSEN STATE CC
Well Number: 20-03
8. Location: QtrQtr: NENW Section: 20 Township: 4N Range: 63W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION
Treatment Date: 08/01/2011 End Date: 08/01/2011 Date of First Production this formation: 08/18/2011
Perforations Top: 6758 Bottom: 6770 No. Holes: 48 Hole size: 0.41
Provide a brief summary of the formation treatment: Open Hole: ☐
FRAC'D W/139649 GAL VISTAR AND SLICK WATER, 1000 GALS 15% HCL AND 213310# OTTAWA SAND
This formation is commingled with another formation: ☒ Yes ☐ No
Total fluid used in treatment (bbl): 3324 Max pressure during treatment (psi): 4241
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): 0.89
Total acid used in treatment (bbl): 24 Number of staged intervals: 9
Recycled water used in treatment (bbl): 268 Flowback volume recovered (bbl): 1663
Fresh water used in treatment (bbl): 3056 Disposition method for flowback: RECYCLE
Total proppant used (lbs): 213310 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: 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: ** 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: 08/18/2011	
Perforations	Top: 6504	Bottom: 6770	No. Holes: 96	Hole size: _____	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
COMMINGLE NB & CD. CFTP SET@6820' on 7/19/2011. CIFT PLUG SET@6820 ON 7/19/2011					
This formation is commingled with another formation:			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/>		
Reason why green completion not utilized: _____					
Fracture stimulations must be reported on FracFocus.org					
<u>Test Information:</u>					
Date: 08/26/2011	Hours: 24	Bbl oil: 75	Mcf Gas: 96	Bbl H2O: 3	
Calculated 24 hour rate:	Bbl oil: 75	Mcf Gas: 96	Bbl H2O: 3	GOR: 1230	
Test Method: FLOWING	Casing PSI: 540	Tubing PSI: 0	Choke Size: 10/64		
Gas Disposition: SOLD	Gas Type: WET	Btu Gas: 1278	API Gravity Oil: 48		
Tubing Size: 2 + 3/8	Tubing Setting Depth: 6722	Tbg setting date: 10/07/2011	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: _____	** Wireline and Cement Job Summary must be attached.			

FORMATION: NIOBRARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 08/12/2011 End Date: 08/12/2011 Date of First Production this formation: 08/18/2011

Perforations Top: 6504 Bottom: 6574 No. Holes: 48 Hole size: 0.73

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

FRAC'D 6504-6516', 6562-6574' W/163641 GALS VISTAR AND SLICK WATER, 1000 GALS 15%HCL AND 246438# OTTAWA SAND

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

Total fluid used in treatment (bbl): 3896 Max pressure during treatment (psi): 4633

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): 0.96

Total acid used in treatment (bbl): 24 Number of staged intervals: 9

Recycled water used in treatment (bbl): 268 Flowback volume recovered (bbl): 1663

Fresh water used in treatment (bbl): 3628 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 246438 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: _____ 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: _____ ** 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: Kathleen Mills

Title: Regulatory Analyst Date: _____ Email: kmills@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400591958	OTHER

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)