

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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 AT
City: DENVER State: CO Zip: 80202
4. Contact Name: ANDREA RAWSON
Phone: (281) 876-6105
Fax: (281) 876-2503
Email:

5. API Number 05-123-29243-00
6. County: WELD
7. Well Name: GUTTERSEN STATE D
Well Number: 16-24
8. Location: QtrQtr: NESW Section: 16 Township: 3N Range: 64W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: J-NIOBRARA-CODELL Status: COMMINGLED Treatment Type:

Treatment Date: End Date: Date of First Production this formation:

Perforations Top: 6763 Bottom: 7526 No. Holes: 246 Hole size:

Provide a brief summary of the formation treatment: Open Hole: [ ]

COMMINGLE CODELL/NIOBRARA/J-SAND

This formation is commingled with another formation: [ ] Yes [X] No

Total fluid used in treatment (bbl):
Total gas used in treatment (mcf):
Type of gas used in treatment:
Total acid used in treatment (bbl):
Recycled water used in treatment (bbl):
Fresh water used in treatment (bbl):
Total proppant used (lbs):
Max pressure during treatment (psi):
Fluid density at initial fracture (lbs/gal):
Min frac gradient (psi/ft):
Number of staged intervals:
Flowback volume recovered (bbl):
Disposition method for flowback:
Rule 805 green completion techniques were utilized: [ ]

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 08/07/2009 Hours: 24 Bbl oil: 66 Mcf Gas: 240 Bbl H2O: 16
Calculated 24 hour rate: Bbl oil: 66 Mcf Gas: 240 Bbl H2O: 16 GOR: 3636
Test Method: FLOWING Casing PSI: 860 Tubing PSI: Choke Size: 10/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1291 API Gravity Oil: 52
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: J SAND Status: PRODUCING Treatment Type:

Treatment Date: 07/21/2009 End Date: Date of First Production this formation: 07/25/2009

Perforations Top: 7456 Bottom: 7526 No. Holes: 160 Hole size: 41/100

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

FRAC'D J-SAND W/ 175602 GALS OF SILVERSTIM AND SLICK WATER WITH 335000 #S OF OTTAWA SAND. CODELL AND J-SAND PRODUCING THROUGH CAST IRON FLOW PLUG THROUGH PLUGS.

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: 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: Y Print Name: ANDREA RAWSON

Title: REGULATORY SPECIALIST Date: 11/2/2009 Email: ARAWSOME@NOBLEENERGYINC.COM

Attachment Check List

Table with columns Att Doc Num and Name. Total Attach: 0 Files

General Comments

Table with columns User Group, Comment, and Comment Date. Stamp Upon Approval

Total: 0 comment(s)