

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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Document Number:

400099272

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

5. API Number 05-123-30878-00 6. County: WELD
7. Well Name: GUTTERSEN STATE D Well Number: 16-33
8. Location: QtrQtr: NWSW Section: 16 Township: 3N Range: 64W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

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|--|--------------------------------------|---|---|
| FORMATION: <u>CODELL</u> | | Status: <u>COMMINGLED</u> | |
| Treatment Date: <u>08/18/2010</u> | | Date of First Production this formation: <u>09/02/2010</u> | |
| Perforations | Top: <u>6965</u> Bottom: <u>6978</u> | No. Holes: <u>52</u> | Hole size: <u>41</u> |
| Provide a brief summary of the formation treatment: | | Open Hole: <input type="checkbox"/> | |
| <div>Frac'd Codell w/ 132189 gals of Silvestim and Slick Water with 270,680#'s of Ottawa sand.</div> <div>The Codell is producing through a Composite Flow Through Plug.</div> | | | |
| This formation is commingled with another formation: | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Test Information: | | | |
| Date: _____ | Hours: _____ | Bbls oil: _____ | Mcf Gas: _____ Bbls H2O: _____ |
| Calculated 24 hour rate: _____ | | Bbls oil: _____ | Mcf Gas: _____ Bbls 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: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____ | | | |
| Bridge Plug Depth: _____ | | Sacks cement on top: _____ | |

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|--|-----------------------------|---|-------------------------------------|--------------------------|------------------|
| FORMATION: <u>NIOBRARA-CODELL</u> | | | | Status: <u>PRODUCING</u> | |
| Treatment Date: <u>08/18/2010</u> | | Date of First Production this formation: <u>09/02/2010</u> | | | |
| Perforations | Top: <u>6740</u> | Bottom: <u>6978</u> | No. Holes: <u>100</u> | Hole size: _____ | |
| Provide a brief summary of the formation treatment: | | | Open Hole: <input type="checkbox"/> | | |
| <div style="border: 1px solid black; padding: 2px;">Commingled Codell / Niobrara</div> | | | | | |
| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | |
| Test Information: | | | | | |
| Date: <u>09/10/2010</u> | Hours: <u>24</u> | Bbls oil: <u>57</u> | Mcf Gas: <u>239</u> | Bbls H2O: <u>18</u> | |
| Calculated 24 hour rate: | | Bbls oil: <u>57</u> | Mcf Gas: <u>239</u> | Bbls H2O: <u>18</u> | GOR: <u>4192</u> |
| Test Method: <u>Flowing</u> | Casing PSI: <u>780</u> | Tubing PSI: <u>0</u> | Choke Size: <u>010/64</u> | | |
| Gas Disposition: <u>SOLD</u> | Gas Type: <u>WET</u> | BTU Gas: <u>1278</u> | API Gravity Oil: <u>52</u> | | |
| Tubing Size: _____ | Tubing Setting Depth: _____ | Tbg setting date: _____ | Packer Depth: _____ | | |
| Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></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: _____ | | | |

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|---|-----------------------------|---|-------------------------------------|---------------------------|------------|
| FORMATION: <u>NIOBRARA</u> | | | | Status: <u>COMMINGLED</u> | |
| Treatment Date: <u>08/18/2010</u> | | Date of First Production this formation: <u>09/02/2010</u> | | | |
| Perforations | Top: <u>6740</u> | Bottom: <u>6834</u> | No. Holes: <u>48</u> | Hole size: <u>73</u> | |
| Provide a brief summary of the formation treatment: | | | Open Hole: <input type="checkbox"/> | | |
| <div style="border: 1px solid black; padding: 2px;">frac'd Niobrara w/174028 gals of Silverstim and Slick Water with 250,100#'s of Ottawa sand.</div> | | | | | |
| This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Test Information: | | | | | |
| Date: _____ | Hours: _____ | Bbls oil: _____ | Mcf Gas: _____ | Bbls H2O: _____ | |
| Calculated 24 hour rate: | | Bbls oil: _____ | Mcf Gas: _____ | Bbls 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: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></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: _____ | | | |

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| Comment: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> |
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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: _____

Email: eroberts@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: _____