

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:

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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 4. Contact Name: Justin Garrett
 2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4449
 3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-30848-00 6. County: WELD
 7. Well Name: GUTTERSEN STATE D Well Number: 16-21
 8. Location: QtrQtr: NWSE Section: 16 Township: 3N Range: 64W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 07/27/2010 Date of First Production this formation: 07/29/2010
 Perforations Top: 6960 Bottom: 6972 No. Holes: 48 Hole size: 041/100

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

The Codell is producing through cast iron flow through plugs
Frac'd Codell w/ 141086 lbs Vistar and Acid with 268640 lbs Ottawa sand

This formation is commingled with another formation: Yes 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: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 07/27/2010 Date of First Production this formation: 09/29/2010

Perforations Top: 6738 Bottom: 6972 No. Holes: 96 Hole size: _____

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

Codell and Niobrara are commingled

This formation is commingled with another formation: Yes No

Test Information:

Date: 08/06/2010 Hours: 24 Bbls oil: 92 Mcf Gas: 305 Bbls H2O: 32

Calculated 24 hour rate: _____ Bbls oil: 92 Mcf Gas: 305 Bbls H2O: 32 GOR: 3315

Test Method: Flowing Casing PSI: 1000 Tubing PSI: 0 Choke Size: 10/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1330 API Gravity Oil: 50

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: _____

FORMATION: NIOBRARA Status: COMMINGLED

Treatment Date: 07/27/2010 Date of First Production this formation: 07/29/2010

Perforations Top: 6738 Bottom: 6828 No. Holes: 48 Hole size: 73/100

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

Frac'd Niobrara w/ 175127 gals Vistar with 250260 lbs Ottawa sand

This formation is commingled with another formation: Yes 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: 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: Justin Garrett

Title: Regulatory Specialist Date: _____ Email JDGarrett@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: _____