

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:

2511766

**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) 2284449  
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 2284286  
City: DENVER State: CO Zip: 80202

5. API Number 05-123-30201-00 6. County: WELD  
7. Well Name: GUTTERSEN D Well Number: 04-32  
8. Location: QtrQtr: SWNW Section: 4 Township: 3N Range: 64W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>04/14/2010</u>	Date of First Production this formation: <u>04/16/2010</u>
Perforations Top: <u>6933</u> Bottom: <u>6946</u>	No. Holes: <u>52</u> Hole size: <u>42/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
CODELL PRODUCING THROUGH COMPOSITE FLOW THROUG PLUGS FRAC'D CODELLW/ 133812 GALS SIVERSTIM, ACID ADN SLICK WATER WITH 270000LBS OTTAWA SAND.	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Test Information:</b>	
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: _____	

FORMATION: NIOBRARA-CODELL

Status: PRODUCING

Treatment Date: 04/14/2010

Date of First Production this formation: 04/16/2010

Perforations Top: 6666 Bottom: 6946 No. Holes: 124 Hole size:

Provide a brief summary of the formation treatment:

Open Hole: ☐

CODELL &amp; NIOBRARA COMMINGLED

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**

Date: 04/23/2010 Hours: 24 Bbls oil: 80 Mcf Gas: 297 Bbls H2O: 69

Calculated 24 hour rate: Bbls oil: 80 Mcf Gas: 297 Bbls H2O: 69 GOR: 3713

Test Method: FLOWING Casing PSI: 1200 Tubing PSI: 0 Choke Size: 10/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1219 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:

FORMATION: NIOBRARA

Status: COMMINGLED

Treatment Date: 04/14/2010

Date of First Production this formation: 04/16/2010

Perforations Top: 6666 Bottom: 6824 No. Holes: 72 Hole size: 72/100

Provide a brief summary of the formation treatment:

Open Hole: ☐NIOBRARA PRODUCING THROUGH COMPOSITE FLOW THROUGH PLUGS  
FRA'D NIOBRAR W/ 287700 GALS SIVERSTIM, ACID AND SLICK WATER WITH 390000LBS 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: 7/28/2010 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: David S. Neslin Director of COGCC Date: 11/29/2010

**Attachment Check List**

Att Doc Num	Name
2511766	FORM 5A SUBMITTED
2511767	OPERATIONS SUMMARY

Total Attach: 2 Files

**General Comments**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)