

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:

2511821

**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: ANDREA RAWSON  
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 2284253  
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 2284286  
City: DENVER State: CO Zip: 80202

5. API Number 05-123-20803-00 6. County: WELD  
7. Well Name: GUTTERSEN Well Number: 41-21  
8. Location: QtrQtr: NENE Section: 21 Township: 3N Range: 64W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>J-NIOBRARA-CODELL</u>		Status: <u>COMMINGLED</u>		
Treatment Date: <u>04/13/2010</u>		Date of First Production this formation: <u>04/14/2010</u>		
Perforations	Top: <u>6746</u>	Bottom: <u>7494</u>	No. Holes: <u>220</u>	Hole size: <u></u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
<u>COMMINGLE CODELL, NIOBRARA, AND J-SAND.</u>				
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<b>Test Information:</b>				
Date: <u>04/23/2010</u>	Hours: <u>24</u>	Bbls oil: <u>36</u>	Mcf Gas: <u>277</u>	Bbls H2O: <u>13</u>
Calculated 24 hour rate:		Bbls oil: <u>36</u>	Mcf Gas: <u>277</u>	Bbls H2O: <u>13</u> GOR: <u>750</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>950</u>	Tubing PSI: <u>0</u>	Choke Size: <u>10/100</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1203</u>	API Gravity Oil: <u>54</u>	
Tubing Size: <u></u>	Tubing Setting Depth: <u></u>	Tbg setting date: <u></u>	Packer Depth: <u></u>	
Reason for Non-Production: <u></u>				
Date formation Abandoned: <u></u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u></u>				
Bridge Plug Depth: <u></u> Sacks cement on top: <u></u>				

FORMATION: NIOBRARA-CODELL

Status: PRODUCING

Treatment Date: 04/13/2010

Date of First Production this formation: 04/14/2010

Perforations Top: 6746 Bottom: 6980 No. Holes: 88 Hole size: 73/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

FRAC'D NIOBRARA W/ 174,896 GALS OF SLICK WATER AND SILVERSTIM WITH 249,920#'S OF OTTAWA SAND. NB PERFS 6746-6840, 48 HOLES, SIZE 0.73. CD PERFS 6970-6980, 40 HOLES, SIZE 0.41, FRAC'D CD W/ 131,958 GALS SW, SILVERSTIM & 15% HCL W/271,540#'S OF 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: ANDREA RAWSON

Title: REGULATORY SPECIALIST Date: 7/15/2010 Email: ARAWSON@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 G. Neslin Director of COGCC Date: 12/9/2010**Attachment Check List**

Att Doc Num	Name
2511821	FORM 5A SUBMITTED

Total Attach: 1 Files

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User Group	Comment	Comment Date

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