

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:

2071453

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 05-123-30735-00 6. County: WELD
7. Well Name: GUTTERSEN D Well Number: 15-21
8. Location: QtrQtr: NWSE Section: 15 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>05/26/2010</u>	Date of First Production this formation: <u>05/28/2010</u>
Perforations Top: <u>6957</u> Bottom: <u>6969</u>	No. Holes: <u>48</u> Hole size: <u>41/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
FRAC'D CODELL W/132,718 GALS OF SLICKWATER, SILVERSTIM, AND 15% HCl WITH 270,400#'S OF OTTAWA SAND. CODELL PRODUCING THROUGH FLOW PLUG.	
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: _____	

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 05/26/2010 Date of First Production this formation: 05/28/2010

Perforations Top: 6695 Bottom: 6969 No. Holes: 104 Hole size:

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

COMMINGLE CODELL & NIOBRARA

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 06/11/2010 Hours: 24 Bbls oil: 45 Mcf Gas: 275 Bbls H2O: 10

Calculated 24 hour rate: Bbls oil: 45 Mcf Gas: 275 Bbls H2O: 10 GOR: 6111

Test Method: FLOWING Casing PSI: 820 Tubing PSI: 0 Choke Size: 10/100

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1150 API Gravity Oil: 56

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: 05/26/2010 Date of First Production this formation: 05/28/2010

Perforations Top: 6695 Bottom: 6841 No. Holes: 56 Hole size: 73/100

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

FRAC'D NIOBRARA W/ 263,262 GALS OF SLICKWATER, SILVERSTIM, AND 15 & HCL WITH 400,4560#'S OF OTTAWA SAND. PRODUCTIN THROUGH FLOW PLUG

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: 8/17/2010 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 S. Neslin Director of COGCC Date: 12/16/2010

Attachment Check List

Att Doc Num	Name
2071453	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)