

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



DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:

400121226

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 City: DENVER State: CO Zip: 80202 Fax: (303) 228-4286

5. API Number 05-123-30866-00 6. County: WELD
7. Well Name: GUTTERSEN STATE D Well Number: 16-32D
8. Location: QtrQtr: NWSW Section: 16 Township: 3N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED
Treatment Date: 10/12/2010 Date of First Production this formation: 10/20/2010
Perforations Top: 7151 Bottom: 7164 No. Holes: 52 Hole size:
Provide a brief summary of the formation treatment: Open Hole:
Niobrara & Codell are commingled; bridge plug pulled from Codell 10/12/10
This formation is commingled with another formation: [X] 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: 10/20/2010 Date of First Production this formation: 10/20/2010

Perforations Top: 6928 Bottom: 7164 No. Holes: 148 Hole size: _____

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

Niobrara & Codell are commingled

This formation is commingled with another formation: Yes No

Test Information:

Date: 10/26/2010 Hours: 24 Bbls oil: 40 Mcf Gas: 233 Bbls H2O: 19

Calculated 24 hour rate: _____ Bbls oil: 40 Mcf Gas: 233 Bbls H2O: 19 GOR: 5825

Test Method: Flowing Casing PSI: 1500 Tubing PSI: 1000 Choke Size: 10/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: _____ API Gravity Oil: _____

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7108 Tbg setting date: 10/12/2010 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: 10/20/2010 Date of First Production this formation: 09/02/2010

Perforations Top: 6928 Bottom: 7020 No. Holes: 96 Hole size: _____

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

Niobrara & Codell are commingled

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: _____

Attachment Check List

| Att Doc Num | Name |
|-------------|------|
| | |

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)