

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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COMPLETED INTERVAL REPORT

Document Number:

400117741

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 05-123-22236-00 6. County: WELD
 7. Well Name: GUTTERSEN STATE CC Well Number: 20-06
 8. Location: QtrQtr: SENW Section: 20 Township: 4N Range: 63W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J-NIOBRARA-CODELL Status: COMMINGLED

Treatment Date: 11/16/2010 Date of First Production this formation: 11/19/2010

Perforations Top: 6462 Bottom: 7269 No. Holes: 212 Hole size: _____

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

J Sand, Codell, and Niobrara are commingled
Codell/Niobrara recomplete

This formation is commingled with another formation: Yes No

Test Information:

Date: 11/23/2010 Hours: 24 Bbls oil: 69 Mcf Gas: 57 Bbls H2O: 42

Calculated 24 hour rate: _____ Bbls oil: 69 Mcf Gas: 57 Bbls H2O: 42 GOR: 826

Test Method: Flowing Casing PSI: 500 Tubing PSI: 0 Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1089 API Gravity Oil: 45

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: J SAND Status: PRODUCING

Treatment Date: 11/02/2010 Date of First Production this formation: 08/11/2004

Perforations Top: 7194 Bottom: 7269 No. Holes: 108 Hole size: _____

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

Codell/Niobrara recomplete
J Sand is producing through cast iron flow through 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: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 11/16/2010 Date of First Production this formation: 11/19/2010

Perforations Top: 6462 Bottom: 6733 No. Holes: 104 Hole size: _____

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

Codell/Niobrara recomplete. CD perms 6725-6733, 32 holes @.41".
Codell is producing through composite flow through plug
Frac'd Codell w/131464 gals pHaserFrac, Acid, and Slick Water with 401420 lbs Ottawa sand. NB perms 6462-6612, 72 holes @.69".
CD/NB recomplete. Nb producing through composite flow through plug. Frac'd NB w/272034 gals phaserfrac, Acid, and slickwater with 270500 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: 12/20/2010 Email JDGarrett@nobleenergyinc.com
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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: 1/21/2011

Attachment Check List

Att Doc Num	Name
400117741	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

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

Total: 0 comment(s)