

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:

400117741

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) 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
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Perforations	Top:	6462	Bottom:	7269	No. Holes:	212	Hole size:
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Provide a brief summary of the formation treatment:

Open Hole:

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

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
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Calculated 24 hour rate:	Bbls oil:	69	Mcf Gas:	57	Bbls H2O:	42	GOR:	826
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Test Method: Flowing	Casing PSI: 500	Tubing PSI: 0	Choke Size: 12/64
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Gas Disposition:	SOLD	Gas Type:	WET	BTU Gas:	1089	API Gravity Oil:	45
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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: <u>J SAND</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>11/02/2010</u>		Date of First Production this formation: <u>08/11/2004</u>	
Perforations	Top: <u>7194</u> Bottom: <u>7269</u>	No. Holes: <u>108</u>	Hole size: _____
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
Codell/Niobrara recomplete J Sand is producing through cast iron flow through 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:			
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
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: <u>NIOBRARA-CODELL</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>11/16/2010</u>		Date of First Production this formation: <u>11/19/2010</u>	
Perforations	Top: <u>6462</u> Bottom: <u>6733</u>	No. Holes: <u>104</u>	Hole size: _____
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
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:		<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:			
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
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: _____		

Comment:
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

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

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Total: 0 comment(s)