

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:

400217929

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: Eileen Roberts

2. Name of Operator: NOBLE ENERGY INC

Phone: (303) 2284330

3. Address: 1625 BROADWAY STE 2200

Fax: (303) 2284286

City: DENVER State: CO Zip: 80202

5. API Number 05-123-31739-00

6. County: WELD

7. Well Name: GUTTERSEN D

Well Number: 12-20

8. Location: QtrQtr: SWNW Section: 12 Township: 3N Range: 64W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL

Status: PRODUCING

Treatment Date: 11/23/2010

Date of First Production this formation: 02/02/2011

Perforations Top: 6565 Bottom: 6854 No. Holes: 196 Hole size: 0

Provide a brief summary of the formation treatment:

Open Hole: ☐

Frac'd Niobrara-Codell w/ 374010 gals of Silverstim and Slick Water with 615,740#'s of Ottawa sand.

The Niobrara and Codell are producing through a Composite Flow Through Plug.

Commingled the Niobrara and Codell.

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

Test Information:

Date: 02/11/2011 Hours: 9 Bbls oil: 64 Mcf Gas: 147 Bbls H2O: 14

Calculated 24 hour rate: Bbls oil: 64 Mcf Gas: 147 Bbls H2O: 14 GOR: 2296

Test Method: FLOWING Casing PSI: 1650 Tubing PSI: 0 Choke Size: 010/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1291 API Gravity Oil: 51

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: Eileen Roberts

Title: Regulatory Specialist

Date: 10/25/2011

Email eroberts@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400217929	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)