

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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| DE | ET | OE | ES |
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Document Number:

400231759

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) 228-4253

3. Address: 1625 BROADWAY STE 2200

Fax: (303) 228-4286

City: DENVER State: CO Zip: 80202

5. API Number 05-123-23002-00

6. County: WELD

7. Well Name: GUTTERSEN

Well Number: 32-21

8. Location: QtrQtr: SWNE Section: 21

Township: 3N

Range: 64W

Meridian: 6

9. Field Name: WATTENBERG

Field Code: 90750

Completed Interval

| | |
|--------------------------|--------------------------|
| FORMATION: <u>CODELL</u> | Status: <u>PRODUCING</u> |
|--------------------------|--------------------------|

| | |
|-----------------------------------|--|
| Treatment Date: <u>08/02/2011</u> | Date of First Production this formation: <u>08/23/2011</u> |
|-----------------------------------|--|

| | | | | |
|--------------|------------------|---------------------|----------------------|------------------|
| Perforations | Top: <u>6986</u> | Bottom: <u>7000</u> | No. Holes: <u>56</u> | Hole size: _____ |
|--------------|------------------|---------------------|----------------------|------------------|

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

RE-Frac'd Codell w/ 129,837 gals of Slick Water and Vistar with 245,000#'s of Ottawa sand.

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

Test Information:

| | | | | |
|-------------------------|------------------|---------------------|--------------------|--------------------|
| Date: <u>08/26/2011</u> | Hours: <u>24</u> | Bbls oil: <u>61</u> | Mcf Gas: <u>15</u> | Bbls H2O: <u>0</u> |
|-------------------------|------------------|---------------------|--------------------|--------------------|

| | | | | |
|--------------------------|---------------------|--------------------|--------------------|-----------------|
| Calculated 24 hour rate: | Bbls oil: <u>61</u> | Mcf Gas: <u>15</u> | Bbls H2O: <u>0</u> | GOR: <u>246</u> |
|--------------------------|---------------------|--------------------|--------------------|-----------------|

| | | | |
|-----------------------------|-------------------------|-------------------------|-----------------------|
| Test Method: <u>Flowing</u> | Casing PSI: <u>1425</u> | Tubing PSI: <u>1425</u> | Choke Size: <u>20</u> |
|-----------------------------|-------------------------|-------------------------|-----------------------|

| | | | |
|------------------------------|----------------------|----------------------|----------------------------|
| Gas Disposition: <u>SOLD</u> | Gas Type: <u>WET</u> | BTU Gas: <u>1358</u> | API Gravity Oil: <u>55</u> |
|------------------------------|----------------------|----------------------|----------------------------|

| | | | |
|-----------------------------|-----------------------------------|-------------------------------------|---------------------|
| Tubing Size: <u>2 + 3/8</u> | Tubing Setting Depth: <u>6957</u> | Tbg setting date: <u>08/10/2011</u> | 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: <u>J SAND</u> | Status: <u>PLUGGED AND ABANDONED</u> |
|--------------------------|--------------------------------------|

| | |
|-----------------------------------|--|
| Treatment Date: <u>07/07/2011</u> | Date of First Production this formation: _____ |
|-----------------------------------|--|

| | | | | |
|--------------|------------------|---------------------|-----------------------|------------------|
| Perforations | Top: <u>7450</u> | Bottom: <u>7488</u> | No. Holes: <u>100</u> | Hole size: _____ |
|--------------|------------------|---------------------|-----------------------|------------------|

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

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: _____

J-Sand under permanent bridge plug.

| | | |
|---------------------------------|---|-----------------------------------|
| Date formation Abandoned: _____ | Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, number of sacks cmt _____ |
|---------------------------------|---|-----------------------------------|

| | |
|--------------------------------|-------------------------------|
| Bridge Plug Depth: <u>7200</u> | Sacks cement on top: <u>2</u> |
|--------------------------------|-------------------------------|

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: 12/13/2011 Email: arawson@nobleenergyinc.com

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 400231759 | FORM 5A SUBMITTED |

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)