

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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
2. Name of Operator: NOBLE ENERGY INC
3. Address: 1625 BROADWAY STE 2200 City: DENVER State: CO Zip: 80202
4. Contact Name: Sarah Finnegan Phone: (720) 587-2265 Fax: (303) 228-4286

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: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 11/14/2005 End Date: 08/02/2011 Date of First Production this formation: 08/23/2011

Perforations Top: 6986 Bottom: 7000 No. Holes: 56 Hole size:

Provide a brief summary of the formation treatment: Open Hole: []

Pumped 249,985 lbs of Ottawa Proppant and 129,837 gallons of Slick Water and Vistar. Commingle the Niobrara and Codell.

This formation is commingled with another formation: [X] Yes [] No

Total fluid used in treatment (bbl): 3091 Max pressure during treatment (psi): 6125

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment: Min frac gradient (psi/ft): 0.91

Total acid used in treatment (bbl): Number of staged intervals: 6

Recycled water used in treatment (bbl): Flowback volume recovered (bbl):

Fresh water used in treatment (bbl): Disposition method for flowback: RECYCLE

Total proppant used (lbs): 249985 Rule 805 green completion techniques were utilized: [X]

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:

Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl 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: ** Wireline and Cement Job Summary must be attached.

FORMATION: J-NIOBRARA-CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 07/25/2005 End Date: 06/27/2012 Date of First Production this formation: 08/06/2012

Perforations Top: 6760 Bottom: 7488 No. Holes: 204 Hole size: _____

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

Niobrara Perfs: 6760-6872
Codell Perfs: 6986-7000
J-Sand Perfs: 7450-7488

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: _____ Min frac gradient (psi/ft): _____

Total acid used in treatment (bbl): _____ Number of staged intervals: _____

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____

Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 08/09/2012 Hours: 24 Bbl oil: 30 Mcf Gas: 231 Bbl H2O: 30

Calculated 24 hour rate: Bbl oil: 30 Mcf Gas: 231 Bbl H2O: 30 GOR: 7700

Test Method: Flowing Casing PSI: 900 Tubing PSI: 493 Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1259 API Gravity Oil: 50

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6965 Tbg setting date: 07/19/2012 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: _____ ** Wireline and Cement Job Summary must be attached.

FORMATION: NIORARA-CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 11/14/2005 End Date: 06/27/2012 Date of First Production this formation: 08/06/2012

Perforations Top: 6760 Bottom: 7000 No. Holes: 104 Hole size: _____

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

Niobrara Perfs: 6760-6872
Codell Perfs: 6986-7000

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: _____ Min frac gradient (psi/ft): _____

Total acid used in treatment (bbl): _____ Number of staged intervals: _____

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____

Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____

Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: SOLD Gas Type: WET 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: _____ ** Wireline and Cement Job Summary must be attached.

FORMATION: NIOBRARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 06/18/2012 End Date: 06/27/2012 Date of First Production this formation: 08/06/2012
Perforations Top: 6760 Bottom: 6872 No. Holes: 48 Hole size: 0.7

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

Pumped 255,926 lbs of Ottawa Proppant and 153,368 gallons of 15% HCL, Slick Water, and Vistar. Commingling the Niobrara and Codell.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 3652 Max pressure during treatment (psi): 7104

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment: Min frac gradient (psi/ft): 0.94

Total acid used in treatment (bbl): Number of staged intervals: 9

Recycled water used in treatment (bbl): Flowback volume recovered (bbl):

Fresh water used in treatment (bbl): Disposition method for flowback: RECYCLE

Total proppant used (lbs): 255926 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:

Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl 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: ** Wireline and Cement Job Summary must be attached.

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.
Signed: Sarah Finnegan Print Name: Sarah Finnegan
Title: Regulatory Analyst Date: 9/7/2012 Email: sfinnegan@nobleenerginc.com

Attachment Check List

Att Doc Num	Name
400324865	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

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