

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 400452464

Date Received:

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, reoperation 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: Eileen Roberts Phone: (303) 2284330 Fax: (303) 2284286

5. API Number 05-123-23114-00 6. County: WELD 7. Well Name: GUTTERSEN 8. Location: QtrQtr: SESE Section: 19 Township: 3N Range: 63W Meridian: 6 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/22/2012 End Date: 05/22/2012 Date of First Production this formation: 06/11/2012

Perforations Top: 6607 Bottom: 6720 No. Holes: 32 Hole size:

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

Frac'd the Niobrara w/ 162682 gals of Lightning and Slick Water 15% HCl with 250020#'s of Ottawa sand.

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

Total fluid used in treatment (bbl): 3873 Max pressure during treatment (psi): 4583 Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.34 Type of gas used in treatment: Min frac gradient (psi/ft): 0.96 Total acid used in treatment (bbl): 12 Number of staged intervals: 9 Recycled water used in treatment (bbl): 263 Flowback volume recovered (bbl): 499 Fresh water used in treatment (bbl): 3609 Disposition method for flowback: RECYCLE Total proppant used (lbs): 250020 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: 06/12/2012 Hours: 24 Bbl oil: 160 Mcf Gas: 410 Bbl H2O: 22 Calculated 24 hour rate: Bbl oil: 160 Mcf Gas: 410 Bbl H2O: 22 GOR: 2562 Test Method: FLOWING Casing PSI: 450 Tubing PSI: 400 Choke Size: 16/64 Gas Disposition: SOLD Gas Type: WET Btu Gas: 1212 API Gravity Oil: 47 Tubing Size: 2 + 3/8 Tubing Setting Depth: 6799 Tbg setting date: 06/05/2012 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.

Comment:

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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: _____ Email: eroberts@nobleenergyinc.com
:

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)