

FORM
5A

Rev
06/12

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:
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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, 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: <u>100322</u>	4. Contact Name: <u>Eileen Roberts</u>
2. Name of Operator: <u>NOBLE ENERGY INC</u>	Phone: <u>(303) 2284330</u>
3. Address: <u>1625 BROADWAY STE 2200</u>	Fax: <u>(303) 2284286</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

5. API Number <u>05-123-23003-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>GUTTERSEN</u>	Well Number: <u>31-23</u>
8. Location: QtrQtr: <u>NWNE</u> Section: <u>23</u> Township: <u>3N</u> Range: <u>64W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 08/17/2012 End Date: 08/17/2012 Date of First Production this formation: 08/21/2012
Perforations Top: 6962 Bottom: 6972 No. Holes: 40 Hole size: _____

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

Frac'd the Codell w/ 141145 gals of Vistar and Slick Water 15% HCl with 245547#'s of Ottawa sand.

Commingle w/NBRR

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): <u>3360</u>	Max pressure during treatment (psi): <u>4481</u>
Total gas used in treatment (mcf): <u>0</u>	Fluid density at initial fracture (lbs/gal): <u>8.34</u>
Type of gas used in treatment: _____	Min frac gradient (psi/ft): <u>0.96</u>
Total acid used in treatment (bbl): <u>12</u>	Number of staged intervals: <u>7</u>
Recycled water used in treatment (bbl): <u>265</u>	Flowback volume recovered (bbl): <u>936</u>
Fresh water used in treatment (bbl): <u>3095</u>	Disposition method for flowback: <u>RECYCLE</u>
Total proppant used (lbs): <u>245547</u>	Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/>

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: NIORARA-CODELL Status: PRODUCING Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: _____

Perforations Top: 6747 Bottom: 6972 No. Holes: 88 Hole size: _____

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

Commingle NBRR/CDLL

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: 09/05/2012 Hours: 24 Bbl oil: 91 Mcf Gas: 777 Bbl H2O: 10

Calculated 24 hour rate: Bbl oil: 91 Mcf Gas: 777 Bbl H2O: 10 GOR: 8538

Test Method: FLOWING Casing PSI: 220 Tubing PSI: 0 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1236 API Gravity Oil: 53

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6937 Tbg setting date: 09/07/2012 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: NIOBRARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 08/17/2012 End Date: 08/17/2012 Date of First Production this formation: 08/21/2012
Perforations Top: 6747 Bottom: 6851 No. Holes: 48 Hole size:

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

Frac'd the Niobrara w/ 162106 gals of Vistar and Slick Water with 252940#s of Ottawa sand.
Commingle w/CDLL

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 3859 Max pressure during treatment (psi): 4748
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): 0.82
Total acid used in treatment (bbl): 0 Number of staged intervals: 7
Recycled water used in treatment (bbl): 259 Flowback volume recovered (bbl): 936
Fresh water used in treatment (bbl): 3600 Disposition method for flowback: RECYCLE
Total proppant used (lbs): 252940 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: 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

User Group	Comment	Comment Date

Total: 0 comment(s)