

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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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: 100322
2. Name of Operator: NOBLE ENERGY INC
3. Address: 1625 BROADWAY STE 2200
City: DENVER State: CO Zip: 80202
4. Contact Name: Kathleen Mills
Phone: (720) 587-2226
Fax: (303) 228-4286

5. API Number 05-123-35039-00
6. County: WELD
7. Well Name: GUTTERSEN
Well Number: D11-29D
8. Location: QtrQtr: NESW Section: 2 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: 07/06/2012 End Date: 07/06/2012 Date of First Production this formation: 11/02/2012
Perforations Top: 7085 Bottom: 7095 No. Holes: 40 Hole size: 0.4

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

FRAC'D W/ 122659 GAL VISTAR 20 & 22, SLICK WATER, 500 GAL 15% HCL AND 238818# OTTAWA SAND

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

Total fluid used in treatment (bbl): 2920 Max pressure during treatment (psi): 3869
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): 0.89
Total acid used in treatment (bbl): 12 Number of staged intervals: 7
Recycled water used in treatment (bbl): 257 Flowback volume recovered (bbl): 877
Fresh water used in treatment (bbl): 2663 Disposition method for flowback: RECYCLE
Total proppant used (lbs): 238818 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: NIOBRARA-CODELL Status: PRODUCING Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: 11/02/2012

Perforations Top: 6880 Bottom: 7095 No. Holes: 88 Hole size: _____

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

COMMINGLE NB & CD

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: 11/21/2012 Hours: 24 Bbl oil: 32 Mcf Gas: 129 Bbl H2O: 2

Calculated 24 hour rate: Bbl oil: 32 Mcf Gas: 129 Bbl H2O: 2 GOR: 4031

Test Method: FLOWING Casing PSI: 1025 Tubing PSI: 0 Choke Size: 10/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1271 API Gravity Oil: 53

Tubing Size: 2 + 7/8 Tubing Setting Depth: 7048 Tbg setting date: 03/07/2013 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: 07/06/2012 End Date: 07/06/2012 Date of First Production this formation: 11/02/2012
Perforations Top: 6880 Bottom: 6982 No. Holes: 48 Hole size: 0.73

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

PERF'D NIO B 6880-6892, NIO C 6970-6982. FRAC'D W/165558 GAL VISTAR AND SLICK WATER AND 243626# OTTAWA SAND

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 3942 Max pressure during treatment (psi): 4575
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: 7
Recycled water used in treatment (bbl): 263 Flowback volume recovered (bbl): 877
Fresh water used in treatment (bbl): 3679 Disposition method for flowback: RECYCLE
Total proppant used (lbs): 243626 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: Kathleen Mills
Title: Regulatory Analyst Date: Email: kmills@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)