

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:

400518051

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 05-123-22209-00
6. County: WELD
7. Well Name: GUTTERSEN
Well Number: 31-19
8. Location: QtrQtr: NWNE Section: 19 Township: 3N Range: 63W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type:
Treatment Date: End Date: Date of First Production this formation: 06/14/2012
Perforations Top: 6594 Bottom: 6829 No. Holes: 104 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: 09/01/2012 Hours: 24 Bbl oil: 22 Mcf Gas: 48 Bbl H2O: 7
Calculated 24 hour rate: Bbl oil: 22 Mcf Gas: 48 Bbl H2O: 7 GOR: 2182
Test Method: FLOWING Casing PSI: 1500 Tubing PSI: 1000 Choke Size: 16/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1108 API Gravity Oil: 42
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6798 Tbg setting date: 06/07/2012 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: 05/18/2012 End Date: 05/18/2012 Date of First Production this formation: 06/14/2012

Perforations Top: 6594 Bottom: 9805 No. Holes: 64 Hole size: 0.73

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

FRAC'D W/159687 GAL LIGHTNING AND SLICK WATER, 1000 GAL 15% HCL AND 241482# OTTAWA SAND

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

Total fluid used in treatment (bbl): 3802 Max pressure during treatment (psi): 4557

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): 24 Number of staged intervals: 9

Recycled water used in treatment (bbl): 266 Flowback volume recovered (bbl): 597

Fresh water used in treatment (bbl): 3536 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 241482 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**

| <u>Att Doc Num</u> | <u>Name</u> |
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Total Attach: 0 Files