

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: Kathleen Mills Phone: (720) 587-2226 Fax: (303) 228-4286 Email: kmills@nobleenergyinc.com

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: [X] 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): 3826 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: 11/25/2013 Email: kmills@nobleenergyinc.com

**Attachment Check List**

Table with 2 columns: Att Doc Num, Name. Row 1: 400518051, FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

Table with 3 columns: User Group, Comment, Comment Date. Total: 0 comment(s)