

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 05-123-22280-00 6. County: WELD 7. Well Name: GUTTERSEN STATE CC Well Number: 20-03 8. Location: QtrQtr: NENW Section: 20 Township: 4N Range: 63W Meridian: 6 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION Treatment Date: 08/01/2011 End Date: 08/01/2011 Date of First Production this formation: 08/18/2011 Perforations Top: 6758 Bottom: 6770 No. Holes: 48 Hole size: 0.41

Provide a brief summary of the formation treatment: Open Hole: [] FRAC'D W/139649 GAL VISTAR AND SLICK WATER, 1000 GALS 15% HCL AND 213310# OTTAWA SAND

This formation is commingled with another formation: [X] Yes [] No Total fluid used in treatment (bbl): 3348 Max pressure during treatment (psi): 4241 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): 24 Number of staged intervals: 9 Recycled water used in treatment (bbl): 268 Flowback volume recovered (bbl): 1663 Fresh water used in treatment (bbl): 3056 Disposition method for flowback: RECYCLE Total proppant used (lbs): 213310 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: 08/18/2011

Perforations Top: 6504 Bottom: 6770 No. Holes: 96 Hole size: _____

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

COMMINGLE NB & CD. CFTP SET@6820' on 7/19/2011. CIFT PLUG SET@6820 ON 7/19/2011

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: 08/26/2011 Hours: 24 Bbl oil: 75 Mcf Gas: 96 Bbl H2O: 3

Calculated 24 hour rate: Bbl oil: 75 Mcf Gas: 96 Bbl H2O: 3 GOR: 1280

Test Method: FLOWING Casing PSI: 540 Tubing PSI: 0 Choke Size: 10/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1278 API Gravity Oil: 48

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6722 Tbg setting date: 10/07/2011 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: 08/12/2011 End Date: 08/12/2011 Date of First Production this formation: 08/18/2011

Perforations Top: 6504 Bottom: 6574 No. Holes: 48 Hole size: 0.73

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

FRAC'D 6504-6516', 6562-6574' W/163641 GALS VISTAR AND SLICK WATER, 1000 GALS 15%HCL AND 246438# OTTAWA SAND

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 3920 Max pressure during treatment (psi): 4633

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): 0.96

Total acid used in treatment (bbl): 24 Number of staged intervals: 9

Recycled water used in treatment (bbl): 268 Flowback volume recovered (bbl): 1663

Fresh water used in treatment (bbl): 3628 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 246438 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: 4/21/2014 Email: kmills@nobleenergyinc.com

Attachment Check List

Table with 2 columns: Att Doc Num, Name. Rows: 400591921 FORM 5A SUBMITTED, 400591958 OTHER

Total Attach: 2 Files

General Comments

Table with 3 columns: User Group, Comment, Comment Date

Total: 0 comment(s)