

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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400591921

Date Received:

04/21/2014

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: ☒ 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: ☒

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: <input type="checkbox"/> |

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

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|--------------------------|----------------------------|------------------------------|---------------------|------------|
| 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

| Att Doc Num | Name |
|-------------|-------------------|
| 400591921 | FORM 5A SUBMITTED |
| 400591958 | OTHER |

Total Attach: 2 Files

General Comments

| User Group | Comment | Comment Date |
|------------|---------|--------------|
| | | |

Total: 0 comment(s)