

FORM
5A

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

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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: Eileen Roberts
Phone: (303) 2284330
Fax: (303) 2284286

5. API Number 05-123-30683-00
6. County: WELD
7. Well Name: WELLS RANCH AA
Well Number: 26-07X
8. Location: QtrQtr: SWNE Section: 26 Township: 6N Range: 63W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: <u>NIOBRARA-CODELL</u>		Status: <u>PRODUCING</u>		
Treatment Date: <u>09/09/2010</u>		Date of First Production this formation: <u>09/12/2010</u>		
Perforations	Top: <u>6560</u>	Bottom: <u>6846</u>	No. Holes: <u>104</u>	Hole size: <u>0</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
<u>Frac'd Codell and Niobrara W/ 371179 gals of Silver Stim and Slick Water with 596,520#'s of Ottawa sand.</u>				
<u>The Codell and Niobrara are producing through Composite Flow Through Plugs.</u>				
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Test Information:				
Date: <u>09/17/2010</u>	Hours: <u>24</u>	Bbls oil: <u>71</u>	Mcf Gas: <u>166</u>	Bbls H2O: <u>20</u>
Calculated 24 hour rate:		Bbls oil: <u>71</u>	Mcf Gas: <u>166</u>	Bbls H2O: <u>20</u> GOR: <u>2338</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>270</u>	Tubing PSI: <u>0</u>	Choke Size: <u>020/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1841</u>	API Gravity Oil: <u>41</u>	
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____	
Reason for Non-Production: _____ _____				
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____	
Bridge Plug Depth: _____		Sacks cement on top: _____		

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: Eileen Roberts

Title: Regulatory Specialist

Date: _____

Email: eroberts@nobleenergyinc.com

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Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____

Director of COGCC

Date: _____