

**FORM
5A**Rev
02/08State of Colorado
Oil and Gas Conservation Commission

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



DE ET OE ES

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.

Document Number:

2505085

1. OGCC Operator Number: 100322 4. Contact Name: EILEEN ROBERTS
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4330
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
City: DENVER State: CO Zip: 80202

5. API Number 05-123-30334-00 6. County: WELD
7. Well Name: WELLS RANCH AF Well Number: 06-11
8. Location: QtrQtr: NESW Section: 6 Township: 5N Range: 62W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

| | | | | |
|--|-----------------------------|---|------------------------|----------------------------|
| FORMATION: <u>CODELL</u> | | Status: <u>COMMINGLED</u> | | |
| Treatment Date: <u>05/11/2010</u> | | Date of First Production this formation: <u>05/13/2010</u> | | |
| Perforations | Top: <u>6590</u> | Bottom: <u>6598</u> | No. Holes: <u>32</u> | Hole size: <u>41/100</u> |
| Provide a brief summary of the formation treatment: | | Open Hole: <input type="checkbox"/> | | |
| FRAC'D CODELL W/101640 GALS OF SILVERSTIM AND SLICKWATER WITH 203,704 #'S OF OTTAWA SAND. CODELL IS PRODUCING THROUGH A COMPOSITE FLOW THROUGH PLUG. | | | | |
| This formation is commingled with another formation: | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Test Information: | | | | |
| Date: _____ | Hours: _____ | Bbls oil: _____ | Mcf Gas: _____ | Bbls H2O: _____ |
| Calculated 24 hour rate: _____ | | Bbls oil: _____ | Mcf Gas: _____ | Bbls 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: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____ | | | | |
| Bridge Plug Depth: _____ | | Sacks cement on top: _____ | | |

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: David S. Neslin Director of COGCC Date: 11/12/2010

Attachment Check List

| Att Doc Num | Name | Doc Description |
|-------------|-------------------|--------------------|
| 2505085 | FORM 5A SUBMITTED | LF@2518139 2505085 |

Total Attach: 1 Files