

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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COMPLETED INTERVAL REPORT

Document Number:

400110617

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 4. Contact Name: Justin Garrett
 2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4449
 3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-30482-00 6. County: WELD
 7. Well Name: WELLS RANCH USX AE Well Number: 31-02P
 8. Location: QtrQtr: NWNE Section: 31 Township: 6N Range: 62W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIORBARA-CODELL Status: PRODUCING
 Treatment Date: 06/14/2010 Date of First Production this formation: 06/21/2010
 Perforations Top: 6358 Bottom: 6627 No. Holes: 96 Hole size: _____
 Provide a brief summary of the formation treatment: Open Hole:

Codell & Niobrara are commingled
 The Niobrara and the Codell are producing through composite flow through plugs
 Codell 6621'-6627', 24 holes, .41"
 Frac'd Codell w/101215 gals Silverstim, Acid, and Slick Water with 200300 lbs Ottawa sand
 Niobrara 6358'-6522', 72 holes, .73"
 Frac'd Niobrara w/267028 gals Silverstim, Acid, and Slick Water with 1740740 lbs Ottawa sand

This formation is commingled with another formation: Yes No

Test Information:
 Date: 07/06/2010 Hours: 24 Bbls oil: 30 Mcf Gas: 18 Bbls H2O: 8
 Calculated 24 hour rate: Bbls oil: 30 Mcf Gas: 18 Bbls H2O: 8 GOR: 600
 Test Method: Flowing Casing PSI: 1440 Tubing PSI: 680 Choke Size: 48/64
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1239 API Gravity Oil: 43
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 6603 Tbg setting date: 06/28/2010 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: _____

Comment:

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

Signed: _____ Print Name: Justin Garrett

Title: Regulatory Specialist Date: _____ Email JDGarrett@nobleenergyinc.com
:

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: _____

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)