

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:

400092135

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 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 05-123-30480-00 6. County: WELD
7. Well Name: WELLS RANCH AE Well Number: 32-04
8. Location: QtrQtr: NWNW Section: 32 Township: 6N Range: 62W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>07/14/2010</u>	Date of First Production this formation: <u>07/16/2010</u>
Perforations Top: <u>6631</u> Bottom: <u>6638</u>	No. Holes: <u>28</u> Hole size: <u>41/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>Codell producing through composite flow through plugs</u> <u>Frac'd Codell w/99708 gals Silverstim, Acid, and Slick Water with 196655 lbs Ottawa sand</u>	
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: _____	

FORMATION: NIOBRARA-CODELLStatus: PRODUCINGTreatment Date: 07/14/2010Date of First Production this formation: 07/16/2010Perforations Top: 6392 Bottom: 6638 No. Holes: 100 Hole size:

Provide a brief summary of the formation treatment:

Open Hole: ☐Codell & Niobrara are commingledThis formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 07/23/2010 Hours: 24 Bbls oil: 100 Mcf Gas: 85 Bbls H2O: 20Calculated 24 hour rate: Bbls oil: 100 Mcf Gas: 85 Bbls H2O: 20 GOR: 850Test Method: Flowing Casing PSI: 410 Tubing PSI: 0 Choke Size: 14/64Gas Disposition: SOLD Gas Type: WET BTU Gas: 1273 API Gravity Oil: 44Tubing 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: FORMATION: NIOBRARAStatus: COMMINGLEDTreatment Date: 07/14/2010Date of First Production this formation: 07/16/2010Perforations Top: 6392 Bottom: 6532 No. Holes: 72 Hole size: 73/100

Provide a brief summary of the formation treatment:

Open Hole: ☐Niobrara producing through composite flow through plugs
Frac'd Niobrara w/ 269766 gals Silverstim, Acid, and Slick Water with 399514 lbs Ottawa sandThis formation is commingled with another formation: ☒ Yes ☐ 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: ☐ 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 GarrettTitle: Regulatory Specialist Date: 9/13/2010 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: David S. Neslin Director of COGCC Date: 12/8/2010

Attachment Check List

Att Doc Num	Name
400092135	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)