

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



DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:
2517093

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: 91755 4. Contact Name: ANDREA RAWSON
 2. Name of Operator: UNITED STATES EXPLORATION INC Phone: (303) 228-4253
 3. Address: _____ Fax: (303) 228-4286
 City: _____ State: MT Zip: _____

5. API Number 05-123-25220-00 6. County: WELD
 7. Well Name: WELLS RANCH-USX AA Well Number: 13-25
 8. Location: QtrQtr: SESW Section: 13 Township: 6N Range: 63W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED
 Treatment Date: 07/05/2007 Date of First Production this formation: 09/07/2007
 Perforations Top: 6729 Bottom: 6739 No. Holes: 40 Hole size: 41/100
 Provide a brief summary of the formation treatment: _____ Open Hole:
FRAC'D CODELL W/ 129,596 GALS OF SILVERSTIM WITH 32# GEL LOADING AND 269,960#S OF 20/40 OTTAWA SAND.
 This 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: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 07/05/2010 Date of First Production this formation: _____

Perforations Top: 6460 Bottom: 6739 No. Holes: 168 Hole size: _____

Provide a brief summary of the formation treatment: _____ Open Hole:

COMMINGLE CODELL AND NIOBRARA.

This formation is commingled with another formation: Yes No

Test Information:

Date: 09/07/2007 Hours: 24 Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: 0

Test Method: flowing Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1224 API Gravity Oil: 36

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: _____

FORMATION: NIOBRARA Status: COMMINGLED

Treatment Date: 07/05/2007 Date of First Production this formation: 09/07/2007

Perforations Top: 6460 Bottom: 6570 No. Holes: 128 Hole size: 42/100

Provide a brief summary of the formation treatment: _____ Open Hole:

FRAC'D NIOBRARA W/ 70,014 GALS OF SLICKWATER 99,903 GALS OF SILVERSTIM WITH 28# GEL LOADING AND 249,580#S OF 30/50 SAND.

This 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: ANDREA RAWSON

Title: REGULATORY SPECIALIST Date: 12/8/2010 Email: ARAWSON@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: 12/14/2010

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 2517093 | FORM 5A SUBMITTED |

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)