

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:

400106114

**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: Eileen Roberts  
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 2284330  
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 2284286  
City: DENVER State: CO Zip: 80202

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: CROW CREEK Field Code: 13610

Completed Interval

FORMATION: <u>NIOBARRA-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	
<b>Test Information:</b>	
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: 11/4/2010 Email: eroberts@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: 1/10/2011

**Attachment Check List**

Att Doc Num	Name
400106114	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)