

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:

400106114

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: NIOBRARA-CODELL Status: PRODUCING
Treatment Date: 09/09/2010 Date of First Production this formation: 09/12/2010
Perforations Top: 6560 Bottom: 6846 No. Holes: 104 Hole size: 0
Provide a brief summary of the formation treatment: Open Hole:
Frac'd Codell and Niobrara W/ 371179 gals of Silver Stim and Slick Water with 596,520#'s of Ottawa sand.
The Codell and Niobrara are producing through Composite Flow Through Plugs.
This formation is commingled with another formation: Yes No
Test Information:
Date: 09/17/2010 Hours: 24 Bbls oil: 71 Mcf Gas: 166 Bbls H2O: 20
Calculated 24 hour rate: Bbls oil: 71 Mcf Gas: 166 Bbls H2O: 20 GOR: 2338
Test Method: Flowing Casing PSI: 270 Tubing PSI: 0 Choke Size: 020/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1841 API Gravity Oil: 41
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: 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)