

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:

2565599

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
2. Name of Operator: NOBLE ENERGY INC
3. Address: 1625 BROADWAY STE 2200
City: DENVER State: CO Zip: 80202
4. Contact Name: JUSTIN GARRETT
Phone: (303) 2284449
Fax: (303) 2284286

5. API Number 05-123-31004-00
6. County: WELD
7. Well Name: DF RANCH
Well Number: 1161-9-32
8. Location: QtrQtr: NWSW Section: 9 Township: 11N Range: 61W Meridian: 6
9. Field Name: GROVER Field Code: 33380

Completed Interval

FORMATION: J SAND Status: PRODUCING

Treatment Date: 07/06/2010 Date of First Production this formation: 07/14/2010

Perforations Top: 7780 Bottom: 7810 No. Holes: 120 Hole size: 35/100

Provide a brief summary of the formation treatment: Open Hole: [ ]

FRAC'D CODELL WITH 161322 GALS PHASER FRAC AND SLICKWATER WITH 313885 LBS OTTAWA SAND.

This formation is commingled with another formation: [ ] Yes [X] No

Test Information:

Date: 07/31/2010 Hours: 24 Bbls oil: 85 Mcf Gas: 45 Bbls H2O: 95

Calculated 24 hour rate: Bbls oil: 85 Mcf Gas: 45 Bbls H2O: 95 GOR: 529

Test Method: FLOWING Casing PSI: 90 Tubing PSI: 115 Choke Size: 64/100

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1400 API Gravity Oil: 40

Tubing Size: 2 + 7/8 Tubing Setting Depth: 7698 Tbg setting date: 07/08/2010 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: REGULAOTRY SPECIALIST Date: 8/30/2010 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: 2/2/2011

**Attachment Check List**

| Att Doc Num | Name              |
|-------------|-------------------|
| 2565599     | FORM 5A SUBMITTED |

Total Attach: 1 Files

**General Comments**

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