

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:

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**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 05-123-31017-00 6. County: WELD  
7. Well Name: WELLS RANCH USX AE Well Number: 07-99HZ  
8. Location: QtrQtr: NENW Section: 7 Township: 6N Range: 62W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING  
Treatment Date: 07/26/2010 Date of First Production this formation: 07/27/2010  
Perforations Top: 6690 Bottom: 6690 No. Holes:          Hole size:           
Provide a brief summary of the formation treatment: Open Hole: ☐  
Frac'd Niobrara w/2384457 gals Silverstim and Slick Water with 2766330 lbs Ottawa sand and SB Excel  
This formation is commingled with another formation: ☐ Yes ☒ No  
**Test Information:**  
Date: 08/13/2010 Hours: 24 Bbls oil: 480 Mcf Gas: 0 Bbls H2O: 353  
Calculated 24 hour rate: Bbls oil: 480 Mcf Gas: 0 Bbls H2O: 353 GOR: 0  
Test Method: Flowing Casing PSI: 1500 Tubing PSI: 450 Choke Size: 24/64  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1297 API Gravity Oil: 41  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6451 Tbg setting date: 12/07/2010 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: Regulatory Specialist Date:          Email JDGarrett@nobleenergyinc.com  
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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: \_\_\_\_\_ Director of COGCC Date: \_\_\_\_\_

**Attachment Check List**

| Att Doc Num | Name |
|-------------|------|
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Total Attach: 0 Files

**General Comments**

| User Group | Comment | Comment Date |
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