

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:

2565558

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 05-123-31061-00 6. County: WELD  
 7. Well Name: DF RANCH Well Number: 1161-10-13  
 8. Location: QtrQtr: SWNE Section: 10 Township: 11N Range: 61W Meridian: 6  
 9. Field Name: GROVER Field Code: 33380

Completed Interval

FORMATION: J SAND Status: PRODUCING  
 Treatment Date: 07/19/2010 Date of First Production this formation: 07/29/2010  
 Perforations Top: 7740 Bottom: 7795 No. Holes: 124 Hole size: 38/100  
 Provide a brief summary of the formation treatment: Open Hole:   
FRAC'D J-SAND W/160440 GALS PHASERFRAC AND SLICK WATER WITH 314089 LBS OTTAWA SAND.  
 This formation is commingled with another formation:  Yes  No  
**Test Information:**  
 Date: 08/06/2010 Hours: 24 Bbls oil: 59 Mcf Gas: 33 Bbls H2O: 203  
 Calculated 24 hour rate: Bbls oil: 59 Mcf Gas: 33 Bbls H2O: 203 GOR: 559  
 Test Method: FLOWING Casing PSI: 79 Tubing PSI: 87 Choke Size: \_\_\_\_\_  
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1355 API Gravity Oil: 41  
 Tubing Size: 2 + 7/8 Tubing Setting Depth: 7646 Tbg setting date: 07/23/2010 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 Date: 10/18/2010 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: 2/4/2011

**Attachment Check List**

Att Doc Num	Name
2565558	FORM 5a SUBMITTED

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)