

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: 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 05-123-30639-00 6. County: WELD
7. Well Name: 70 RANCH USX BB Well Number: 09-99HZ
8. Location: QtrQtr: NWNW Section: 9 Township: 5N Range: 63W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING
Treatment Date: 12/18/2009 Date of First Production this formation: 12/22/2009
Perforations Top: 8697 Bottom: 10805 No. Holes: 0 Hole size: 0
Provide a brief summary of the formation treatment: Open Hole: ☐
Frac'd Niobrara w/ 1419306 gals of Silverstim and Slick Water with 1,962,540#'s of Ottawa sand.

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 12/31/2009 Hours: 24 Bbls oil: 54 Mcf Gas: 78 Bbls H2O: 527
Calculated 24 hour rate: Bbls oil: 54 Mcf Gas: 78 Bbls H2O: 527 GOR: 1444
Test Method: Flowing Casing PSI: 625 Tubing PSI: 0 Choke Size: 018/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1315 API Gravity Oil: 48
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: _____

Email eroberts@nobleenergyinc.com

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Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)