

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

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 05-123-30827-00 6. County: WELD
7. Well Name: 70 Ranch USX BB Well Number: 27-08
8. Location: QtrQtr: SENE Section: 27 Township: 5N Range: 63W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J-NIOBRARA-CODELL Status: COMMINGLED
Treatment Date: 11/29/2010 Date of First Production this formation: 12/02/2010
Perforations Top: 6282 Bottom: 7060 No. Holes: 208 Hole size: 0.41
Provide a brief summary of the formation treatment: Open Hole: []
Frac'd J-Sand w/ 146803 gals of Vistar and Slick Water with 281,500#'s of Ottawa sand.
This formation is commingled with another formation: [] Yes [X] No
Test Information:
Date: 12/30/2010 Hours: 24 Bbls oil: 55 Mcf Gas: 307 Bbls H2O: 176
Calculated 24 hour rate: Bbls oil: 55 Mcf Gas: 307 Bbls H2O: 176 GOR: 5581
Test Method: FLOWING Casing PSI: 1290 Tubing PSI: 603 Choke Size: 016/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1290 API Gravity Oil: 46
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:

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: J SAND Status: PRODUCING

Treatment Date: 11/29/2010 Date of First Production this formation: 12/02/2010

Perforations Top: 7010 Bottom: 7060 No. Holes: 88 Hole size: 0.41

Provide a brief summary of the formation treatment: _____ Open Hole:

Frac'd J-Sand w/ 146803 gals of Vistar and Slick Water with 281,500#'s of Ottawa sand.

This formation is commingled with another formation: Yes No

Test Information:

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____

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: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 11/29/2010 Date of First Production this formation: 12/02/2010

Perforations Top: 6282 Bottom: 6444 No. Holes: 120 Hole size: 0

Provide a brief summary of the formation treatment: _____ Open Hole:

Frac'd Niobrara-Codell w/ 375430 gals of Vistar and Slick Water with 601,000#'s of Ottawa sand.

Commingle Niobrara and Codell.

This formation is commingled with another formation: Yes No

Test Information:

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____

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: 2/11/2011 Email eroberts@nobleenergyinc.com
:

Attachment Check List

Att Doc Num	Name
400132599	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)