


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		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table> Document Number: <div style="text-align: center; font-weight: bold; margin-top: 10px;">400134990</div>	DE	ET	OE	ES
DE	ET	OE	ES				
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: <u>100322</u> 2. Name of Operator: <u>NOBLE ENERGY INC</u> 3. Address: <u>1625 BROADWAY STE 2200</u> City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>		4. Contact Name: <u>Eileen Roberts</u> Phone: <u>(303) 2284330</u> Fax: <u>(303) 2284286</u>					
5. API Number <u>05-123-30849-00</u> 7. Well Name: <u>70 Ranch USX BB</u> 8. Location: QtrQtr: <u>NENE</u> Section: <u>27</u> Township: <u>5N</u> Range: <u>63W</u> Meridian: <u>6</u> 9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>		6. County: <u>WELD</u> Well Number: <u>27-17</u>					
<u>Completed Interval</u>							
FORMATION: <u>J-NIOBRARA-CODELL</u>		Status: <u>COMMINGLED</u>					
Treatment Date: <u>11/29/2010</u>		Date of First Production this formation: <u>12/02/2010</u>					
Perforations Top: <u>6314</u> Bottom: <u>7076</u>	No. Holes: <u>192</u>	Hole size: <u>0.41</u>					
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>					
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Test Information:							
Date: <u>12/24/2010</u> Hours: <u>24</u>	Bbls oil: <u>32</u>	Mcf Gas: <u>40</u>	Bbls H2O: <u>28</u>				
Calculated 24 hour rate:	Bbls oil: <u>32</u>	Mcf Gas: <u>40</u>	Bbls H2O: <u>28</u> GOR: <u>1250</u>				
Test Method: <u>FLOWING</u>	Casing PSI: <u>1601</u>	Tubing PSI: <u>854</u>	Choke Size: <u>0</u>				
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1290</u>	API Gravity Oil: <u>46</u>				
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____				
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>							
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____					
Bridge Plug Depth: _____		Sacks cement on top: _____					

FORMATION: <u>J SAND</u>				Status: <u>PRODUCING</u>	
Treatment Date: <u>11/29/2010</u>		Date of First Production this formation: <u>12/02/2010</u>			
Perforations	Top: <u>7028</u>	Bottom: <u>7076</u>	No. Holes: <u>88</u>	Hole size: <u>0.41</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
Frac'd J-Sand w/ 154762 gals of Vistar and Slick Water with 281,008#'s of Ottawa sand.					
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____					
Bridge Plug Depth: _____ Sacks cement on top: _____					

FORMATION: <u>NIOBRARA-CODELL</u>				Status: <u>PRODUCING</u>	
Treatment Date: <u>11/29/2010</u>		Date of First Production this formation: <u>12/02/2010</u>			
Perforations	Top: <u>6314</u>	Bottom: <u>6578</u>	No. Holes: <u>104</u>	Hole size: <u>0</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
Frac'd Niobrara-Codell w/ 371920 gals of Vistar and Slick Water with 597,960#'s of Ottawa sand.					
Commingled Niobrara and Codell.					
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> 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: 2/23/2011 Email eroberts@nobleenergyinc.com
:

Attachment Check List

Att Doc Num	Name
400134990	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)