

FORM 5A Rev 02/08	<h2 style="margin: 0;">State of Colorado</h2> <h3 style="margin: 0;">Oil and Gas Conservation Commission</h3> <p style="font-size: small; margin: 5px 0;">1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109</p>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px 5px;">DE</td> <td style="padding: 2px 5px;">ET</td> <td style="padding: 2px 5px;">OE</td> <td style="padding: 2px 5px;">ES</td> </tr> </table> Document Number: <div style="text-align: right; font-weight: bold;">400146603</div>	DE	ET	OE	ES
DE	ET	OE	ES				
<h3 style="margin: 0;">COMPLETED INTERVAL REPORT</h3>							
<small>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.</small>							
1. OGCC Operator Number: <u>100322</u>		4. Contact Name: <u>Cheryl Johnson</u>					
2. Name of Operator: <u>NOBLE ENERGY INC</u>		Phone: <u>(303) 228-4437</u>					
3. Address: <u>1625 BROADWAY STE 2200</u>		Fax: <u>(303) 228-4286</u>					
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80202</u>					
5. API Number <u>05-125-11945-00</u>		6. County: <u>YUMA</u>					
7. Well Name: <u>RMR Ranch</u>		Well Number: <u>13-36</u>					
8. Location: QtrQtr: <u>NWSW</u>	Section: <u>36</u>	Township: <u>2N</u>	Range: <u>47W</u> Meridian: <u>6</u>				
9. Field Name: <u>SCHRAMM</u>		Field Code: <u>76825</u>					
<h3 style="margin: 0;"><u>Completed Interval</u></h3>							
FORMATION: <u>NIOBRARA</u>		Status: <u>PRODUCING</u>					
Treatment Date: <u>01/19/2011</u>		Date of First Production this formation: <u>01/31/2011</u>					
Perforations Top: <u>2562</u>	Bottom: <u>2599</u>	No. Holes: <u>111</u>	Hole size: <u>0.45</u>				
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>					
<div style="border: 1px solid black; padding: 5px;"> Pumped 1200 gals 7.5% HCL, 167 bbls MAV-100 CO₂ gelled water pad, 500 bbls MAV-100 CO₂ gelled water w/50,080# Arizona 16/30 sand and 50,080# 12/20 Texas Gold sand. Flushed w/ 29bbls MAV-100 CO₂ gelled water. </div>							
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Test Information:							
Date: <u>01/31/2011</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>150</u> Bbls H ₂ O: <u>0</u>				
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>150</u> Bbls H ₂ O: <u>0</u> GOR: <u>0</u>				
Test Method: <u>FLOWING</u>	Casing PSI: <u>349</u>	Tubing PSI: _____	Choke Size: <u>0.5</u>				
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>990</u>	API Gravity Oil: <u>0</u>				
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: <u>Cheryl Johnson</u>					
Title: <u>Regulatory Analyst II</u>		Email <u>cheryljohnson@nobleenergyinc.com</u>					
Date: _____		: _____					

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

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)