

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:

400146603

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  
2. Name of Operator: NOBLE ENERGY INC  
3. Address: 1625 BROADWAY STE 2200  
City: DENVER State: CO Zip: 80202  
4. Contact Name: Cheryl Johnson  
Phone: (303) 228-4437  
Fax: (303) 228-4286

5. API Number 05-125-11945-00  
6. County: YUMA  
7. Well Name: RMR Ranch Well Number: 13-36  
8. Location: QtrQtr: NWSW Section: 36 Township: 2N Range: 47W Meridian: 6  
9. Field Name: SCHRAMM Field Code: 76825

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING  
Treatment Date: 01/19/2011 Date of First Production this formation: 01/31/2011  
Perforations Top: 2562 Bottom: 2599 No. Holes: 111 Hole size: 0.45  
Provide a brief summary of the formation treatment: Open Hole:   
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.  
This formation is commingled with another formation:  Yes  No  
Test Information:  
Date: 01/31/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 150 Bbls H2O: 0  
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 150 Bbls H2O: 0 GOR: 0  
Test Method: FLOWING Casing PSI: 349 Tubing PSI: Choke Size: 0.5  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 990 API Gravity Oil: 0  
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: Cheryl Johnson  
Title: Regulatory Analyst II Date: Email cheryljohnson@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: \_\_\_\_\_ Director of COGCC Date: \_\_\_\_\_

**Attachment Check List**

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files

**General Comments**

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

Total: 0 comment(s)