

**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**

Document Number:

400210210

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 05-123-31063-00 6. County: WELD  
7. Well Name: WELLS RANCH USX AA Well Number: 11-16P  
8. Location: QtrQtr: SESE Section: 11 Township: 6N Range: 63W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

**Completed Interval**

FORMATION: NIOBARRA-CODELL Status: PRODUCING  
Treatment Date: 10/07/2010 Date of First Production this formation: 10/11/2010  
Perforations Top: 6554 Bottom: 6836 No. Holes: 104 Hole size: 0  
Provide a brief summary of the formation treatment: Open Hole: ☐  
Frac'd the Niobrara-Codell w/ 372952 gals of Siverstim and Slick Water with 598,988#s of Ottawa sand.  
The Niobrara and Codell are producing through Composite Flow Through Plugs.  
Commingled the Niobrara and Codell.  
This formation is commingled with another formation: ☐ Yes ☒ No  
**Test Information:**  
Date: 10/18/2010 Hours: 24 Bbls oil: 16 Mcf Gas: 9 Bbls H2O: 0  
Calculated 24 hour rate: Bbls oil: 16 Mcf Gas: 9 Bbls H2O: 0 GOR: 563  
Test Method: FLOWING Casing PSI: 250 Tubing PSI: 0 Choke Size: 020/64  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1330 API Gravity Oil: 44  
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 RobertsTitle: Regulatory Specialist Date: \_\_\_\_\_ Email: eroberts@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**

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)