

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:

400235753

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.

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|--|---------------------------------------|
| 1. OGCC Operator Number: <u>100322</u> | 4. Contact Name: <u>Andrea Rawson</u> |
| 2. Name of Operator: <u>NOBLE ENERGY INC</u> | Phone: <u>(303) 228-4253</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> | |

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|---|-------------------------|
| 5. API Number <u>05-123-26209-00</u> | 6. County: <u>WELD</u> |
| 7. Well Name: <u>WELLS RANCH-USX BB</u> | Well Number: <u>3-8</u> |
| 8. Location: QtrQtr: <u>SENE</u> Section: <u>3</u> Township: <u>5N</u> Range: <u>63W</u> Meridian: <u>6</u> | |
| 9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u> | |

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 09/21/2011 Date of First Production this formation: 10/25/2011

Perforations Top: 6394 Bottom: 6668 No. Holes: 168 Hole size: 0.42

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

Codell perms 6658-6668.
Re-Frac codell w/ 124,749 gals of Slick Water and Vistar with 245,780#'s of Ottawa sand.
Commingled Codell and Niobrara.

This formation is commingled with another formation: Yes No

Test Information:

Date: 10/28/2011 Hours: 24 Bbls oil: 12 Mcf Gas: 20 Bbls H2O: 1

Calculated 24 hour rate: Bbls oil: 12 Mcf Gas: 20 Bbls H2O: 1 GOR: 1667

Test Method: Flowing Casing PSI: 870 Tubing PSI: 795 Choke Size: 48

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1323 API Gravity Oil: 49

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6645 Tbg setting date: 09/24/2011 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 Status: COMMINGLED

Treatment Date: 09/21/2011 Date of First Production this formation: _____

Perforations Top: 6394 Bottom: 6502 No. Holes: 128 Hole size: 0.42

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

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: Andrea Rawson

Title: Regulatory Specialist Date: _____ Email arawson@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)