

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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| DE | ET | OE | ES |
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Document Number:

400233881

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: 100322
2. Name of Operator: NOBLE ENERGY INC
3. Address: 1625 BROADWAY STE 2200
City: DENVER State: CO Zip: 80202
4. Contact Name: Andrea Rawson
Phone: (303) 228-4253
Fax: (303) 228-4286

5. API Number 05-123-25966-00
6. County: WELD
7. Well Name: WELLS RANCH - USX AA
Well Number: 35-7
8. Location: QtrQtr: SWNE Section: 35 Township: 6N Range: 63W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

| | |
|---|---|
| FORMATION: NIOBRARA | Status: TEMPORARILY ABANDONED |
| Treatment Date: 09/05/2011 | Date of First Production this formation: |
| Perforations Top: 6474 Bottom: 6578 | No. Holes: 120 Hole size: 0.42 |
| 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: 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: | |
| Re-Frac Codell will commingle later. | |
| 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: Andrea Rawson

Title: Regulatory Specialist Date: 12/19/2011 Email: arawson@nobleenergyinc.com

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 400233881 | FORM 5A SUBMITTED |

Total Attach: 1 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|----------------|---------------------|
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Total: 0 comment(s)