

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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Document Number:

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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 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 05-123-33579-00 6. County: WELD  
7. Well Name: 70 RANCH BB Well Number: 21-67HN  
8. Location: QtrQtr: NWSW Section: 21 Township: 5N Range: 63W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING  
Treatment Date: 09/19/2011 Date of First Production this formation: 10/08/2011  
Perforations Top: 7087 Bottom: 11042 No. Holes: 0 Hole size: 0  
Provide a brief summary of the formation treatment: Open Hole: ☐  
Frac'd the Niobrara w/ 2488220 gals of Silverstim and Slick Water with 4,162,158.1#'s of Ottawa sand.  
This formation is commingled with another formation: ☐ Yes ☒ No  
**Test Information:**  
Date: 10/14/2011 Hours: 24 Bbls oil: 241 Mcf Gas: 372 Bbls H2O: 193  
Calculated 24 hour rate: Bbls oil: 241 Mcf Gas: 372 Bbls H2O: 193 GOR: 1543  
Test Method: FLOWING Casing PSI: 1125 Tubing PSI: 0 Choke Size: 020/64  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1307 API Gravity Oil: 49  
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 Roberts  
Title: 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**

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

Total: 0 comment(s)