

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:

400260313

Date Received:

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 05-123-25464-00
6. County: WELD
7. Well Name: RYANN STATE C
Well Number: 21-27
8. Location: QtrQtr: SESE Section: 16 Township: 4N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL	Status: PRODUCING
Treatment Date: 12/08/2011	Date of First Production this formation: 12/09/2011
Perforations Top: 6586 Bottom: 6674	No. Holes: 48 Hole size:
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
Frac'd Niobrara w/ 151,872 gals of Slick Water, Vistar, and 15% HCl with 251,541#s of Ottawa sand. Codell producing through cast iron flow through plug.	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Test Information:	
Date: 12/16/2011 Hours: 24	Bbls oil: 35 Mcf Gas: 175 Bbls H2O: 3
Calculated 24 hour rate:	Bbls oil: 35 Mcf Gas: 175 Bbls H2O: 3 GOR: 5000
Test Method: Flowing	Casing PSI: 350 Tubing PSI: 0 Choke Size: 12
Gas Disposition: SOLD	Gas Type: WET BTU Gas: 1305 API Gravity Oil: 56
Tubing Size:	Tubing Setting Depth: Tbg setting date: Packer Depth:
Reason for Non-Production:	
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: _____ Email: arawson@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400260316	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)