

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:

400265984

Date Received:

03/28/2012

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 05-123-33708-00 6. County: WELD
7. Well Name: WELLS RANCH USX Well Number: AA11-65HN
8. Location: QtrQtr: SWNW Section: 11 Township: 6N Range: 63W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>NIOBRARA</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>10/13/2011</u>		Date of First Production this formation: <u>12/06/2011</u>	
Perforations	Top: <u>7236</u> Bottom: <u>10042</u>	No. Holes: <u>60</u>	Hole size: <u>0.48</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>Frac'd the Niobrara w/ 1790695 gals of Silverstim and Slick Water and 15% HCl with 3,982,186.03's of Ottawa sand.</u>			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Test Information:			
Date: <u>12/16/2011</u>	Hours: <u>24</u>	Bbls oil: <u>309</u>	Mcf Gas: <u>231</u> Bbls H2O: <u>135</u>
Calculated 24 hour rate:		Bbls oil: <u>309</u>	Mcf Gas: <u>231</u> Bbls H2O: <u>135</u> GOR: <u>747</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>127</u>	Tubing PSI: <u>745</u>	Choke Size: <u>020/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1227</u>	API Gravity Oil: <u>41</u>
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: Eileen Roberts

Title: Regulatory Specialist Date: 3/28/2012 Email: eroberts@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400265984	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)