

FORM
5A

Rev
02/08

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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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: Tania McNutt
Phone: (303) 228-4392
Fax: (303) 228-4286

5. API Number 05-123-34574-00
6. County: WELD
7. Well Name: RH FARMS
Well Number: II33-25D
8. Location: QtrQtr: SWSW Section: 33 Township: 7N Range: 66W Meridian: 6
9. Field Name: EATON Field Code: 19350

Completed Interval

FORMATION: NIOBRARA-CODELL	Status: PRODUCING
Treatment Date: 02/05/2012	Date of First Production this formation: 02/07/2012
Perforations Top: 7140 Bottom: 7467	No. Holes: 120 Hole size:
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
Pumped 501,028 lbs of Ottawa Proppant and 272,465 gallons of 15% HCL, Slick Water and Silverstim.	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: 03/16/2012 Hours: 24	Bbls oil: 48 Mcf Gas: 37 Bbls H2O: 15
Calculated 24 hour rate:	Bbls oil: 48 Mcf Gas: 37 Bbls H2O: 15 GOR: 771
Test Method: FLOWING	Casing PSI: 1510 Tubing PSI: 840 Choke Size: 16/64
Gas Disposition: SOLD	Gas Type: WET BTU Gas: 1342 API Gravity Oil: 44
Tubing Size: 2 + 3/8	Tubing Setting Depth: 7427 Tbg setting date: 03/06/2012 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: Tania McNutt
Title: Regulatory Analyst Date: _____ Email: tmcnutt@nobleenergyinc.com

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)