

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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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: Tania McNutt  
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4392  
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286  
City: DENVER State: CO Zip: 80202

5. API Number 05-123-34575-00 6. County: WELD  
7. Well Name: RH FARMS Well Number: II33-12D  
8. Location: QtrQtr: SWSW Section: 33 Township: 7N Range: 66W Meridian: 6  
9. Field Name: EATON Field Code: 19350

**Completed Interval**

FORMATION: <u>NIOBARRA-CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>01/31/2012</u>	Date of First Production this formation: <u>02/09/2012</u>
Perforations Top: <u>7251</u> Bottom: <u>7572</u>	No. Holes: <u>112</u> Hole size: <u></u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>Pumped 486,095 lbs of Ottawa Proppant and 150,350 gallons of 15% HCL and Silverstim</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>03/16/2012</u> Hours: <u>24</u> Bbls oil: <u>23</u> Mcf Gas: <u>2</u> Bbls H2O: <u>10</u>	
Calculated 24 hour rate: Bbls oil: <u>23</u> Mcf Gas: <u>2</u> Bbls H2O: <u>10</u> GOR: <u>87</u>	
Test Method: <u>FLOWING</u> Casing PSI: <u>1510</u> Tubing PSI: <u>430</u> Choke Size: <u>16/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1280</u> API Gravity Oil: <u>44</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>7543</u> Tbg setting date: <u>03/02/2012</u> Packer Depth: <u></u>	
Reason for Non-Production: <u></u>	
Date formation Abandoned: <u></u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u></u>	
Bridge Plug Depth: <u></u> Sacks cement on top: <u></u>	

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)