

FORM  
5A

Rev  
06/12

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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Document Number:

400409868

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: Julie Webb  
Phone: (720) 587-2316  
Fax:

5. API Number 05-123-30673-00  
6. County: WELD  
7. Well Name: WELLS RANCH AA  
Well Number: 26-13X  
8. Location: QtrQtr: SWSW Section: 26 Township: 6N Range: 63W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/09/2010 End Date: 12/09/2010 Date of First Production this formation: 12/13/2010

Perforations Top: 6825 Bottom: 6835 No. Holes: 40 Hole size: 41/100

Provide a brief summary of the formation treatment: Open Hole: ☐

Frac'd with 149,976 lbs Ottawa sand, 286,777 gal Silverstim

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 2495

Max pressure during treatment (psi): 4639

Total gas used in treatment (mcf): 0

Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment:

Min frac gradient (psi/ft): 0.90

Total acid used in treatment (bbl): 41

Number of staged intervals: 7

Recycled water used in treatment (bbl): 162

Flowback volume recovered (bbl): 1221

Fresh water used in treatment (bbl): 2333

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 149976

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:

Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:

Test Method: Casing PSI: Tubing PSI: Choke Size:

Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:

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: \*\* Wireline and Cement Job Summary must be attached.

FORMATION: NIOBRARA-CODELL		Status: PRODUCING		Treatment Type: FRACTURE STIMULATION	
Treatment Date:	12/09/2010	End Date:	12/09/2010	Date of First Production this formation:	12/13/2010
Perforations	Top: 6554	Bottom: 6835	No. Holes: 112	Hole size:	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
This formation is commingled with another formation:			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Total fluid used in treatment (bbl):			Max pressure during treatment (psi):		
Total gas used in treatment (mcf):			Fluid density at initial fracture (lbs/gal):		
Type of gas used in treatment:			Min frac gradient (psi/ft):		
Total acid used in treatment (bbl):			Number of staged intervals:		
Recycled water used in treatment (bbl):			Flowback volume recovered (bbl):		
Fresh water used in treatment (bbl):			Disposition method for flowback:		
Total proppant used (lbs):			Rule 805 green completion techniques were utilized: <input type="checkbox"/>		
Reason why green completion not utilized:					
Fracture stimulations must be reported on FracFocus.org					
<b>Test Information:</b>					
Date:	12/17/2010	Hours:	24	Bbl oil:	12
				Mcf Gas:	7
				Bbl H2O:	4
Calculated 24 hour rate:	Bbl oil:	12	Mcf Gas:	7	Bbl H2O:
					GOR:
Test Method:	Flowing	Casing PSI:	350	Tubing PSI:	0
					Choke Size:
Gas Disposition:	SOLD	Gas Type:	WET	Btu Gas:	1323
					API Gravity Oil:
Tubing Size:		Tubing Setting Depth:		Tbg setting date:	
					Packer Depth:
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
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:      ** Wireline and Cement Job Summary must be attached.					

FORMATION: NIOBRARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION  
Treatment Date: 12/09/2010 End Date: 12/09/2010 Date of First Production this formation: 12/13/2010  
Perforations Top: 6554 Bottom: 6746 No. Holes: 72 Hole size: 73/100  
Provide a brief summary of the formation treatment: Open Hole: ☐

Frac'd with 202,245 lbs Ottawa sand, 101,989 gal Silversim

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 2648 Max pressure during treatment (psi): 3872  
Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.34  
Type of gas used in treatment: Min frac gradient (psi/ft): 60.80  
Total acid used in treatment (bbl): 0 Number of staged intervals: 7  
Recycled water used in treatment (bbl): 220 Flowback volume recovered (bbl): 1221  
Fresh water used in treatment (bbl): 2428 Disposition method for flowback: RECYCLE  
Total proppant used (lbs): 202245 Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized:

**Fracture stimulations must be reported on FracFocus.org**

**Test Information:**

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:  
Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:  
Test Method: Casing PSI: Tubing PSI: Choke Size:  
Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:  
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: \*\* Wireline and Cement Job Summary must be attached.

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: Print Name: Julie Webb  
Title: Regulatory Analyst Date: Email: juliewebb@nobleenergyinc.com

**Attachment Check List**

Att Doc Num	Name

Total Attach: 0 Files

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)