

**FORM
5A**Rev
02/08State 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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COMPLETED INTERVAL REPORT

Document Number:

400110664

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: Justin Garrett
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4449
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
City: DENVER State: CO Zip: 80202

5. API Number 05-123-30483-00 6. County: WELD
7. Well Name: WELLS RANCH USX AE Well Number: 31-15P
8. Location: QtrQtr: SWSE Section: 31 Township: 6N Range: 62W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: <u>NIOBRARA-CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>06/17/2010</u>	Date of First Production this formation: <u>06/21/2010</u>
Perforations Top: <u>6316</u> Bottom: <u>6576</u>	No. Holes: <u>92</u> Hole size: _____
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<p>Codell & Niobrara are commingled The Codell and Niobrara are producing through composite flow through plugs Codell 6568'-6576', 32 holes, .41" Frac'd Codell w/101432 gals Silverstim, Acid, and Slick Water with 200040 lbs Ottawa sand Niobrara 6316'-6322', 60 holes, .73" Frac'd Niobrara w/271867 gals Silverstim, Acid, and Slick Water with 400040 lbs Ottawa sand</p>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>06/27/2010</u> Hours: <u>24</u> Bbls oil: <u>110</u> Mcf Gas: <u>182</u> Bbls H2O: <u>21</u>	
Calculated 24 hour rate: Bbls oil: <u>110</u> Mcf Gas: <u>182</u> Bbls H2O: <u>21</u> GOR: <u>1654</u>	
Test Method: <u>Flowing</u> Casing PSI: <u>380</u> Tubing PSI: <u>0</u> Choke Size: <u>14/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1291</u> API Gravity Oil: <u>42</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: Justin Garrett

Title: Regulatory Specialist

Date: _____

Email JDGarrett@nobleenergyinc.com

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Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____

Director of COGCC

Date: _____

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)