

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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COMPLETED INTERVAL REPORT

Document Number:

400122042

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 05-123-30149-00 6. County: WELD
 7. Well Name: WELLS RANCH BB Well Number: 12-06
 8. Location: QtrQtr: SENW Section: 12 Township: 5N Range: 63W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIORARA-CODELL Status: PRODUCING

Treatment Date: 08/14/2009 Date of First Production this formation: 08/16/2009

Perforations Top: 6323 Bottom: 6592 No. Holes: 112 Hole size: _____

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

Codell & Niobrara are commingled
Codell & Niobrara are each producing through composite flow through plugs
Codell 6582'-6592', 40 holes, 0.41"
Frac'd Codell w/133125 gals Silverstim, Acid, and Slick Water with 270000 lbs Ottawa sand
Niobrara 6323'-6335', 72 holes, 0.73"
Frac'd Niobrara w/281791 gals Silverstim, Acid, and Slick Water with 399500 lbs Ottawa sand

This formation is commingled with another formation: Yes No

Test Information:

Date: 08/28/2009 Hours: 24 Bbls oil: 78 Mcf Gas: 245 Bbls H2O: 13

Calculated 24 hour rate: _____ Bbls oil: 78 Mcf Gas: 245 Bbls H2O: 13 GOR: 3141

Test Method: Flowing Casing PSI: 840 Tubing PSI: 0 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1281 API Gravity Oil: 46

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: _____

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
:

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)