

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



DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:

400110574

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 05-123-29211-00 6. County: WELD
 7. Well Name: WELLS RANCH USX AA Well Number: 11-01P
 8. Location: QtrQtr: NENE Section: 11 Township: 6N Range: 63W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING
 Treatment Date: 09/15/2010 Date of First Production this formation: 10/15/2010
 Perforations Top: 6566 Bottom: 6849 No. Holes: 112 Hole size: _____
 Provide a brief summary of the formation treatment: _____ Open Hole:
 Codell & Niobrara are commingled
 Codell 6839'-6849', 40 holes, .41"
 Frac'd Codell w/134597 gals Silverstim and Acid with 270420 lbs Ottawa sand
 Niobrara 6566'-6738', 72 holes, .73"
 Frac'd Niobrara w/272130 gals Silverstim and Acid with 398920 lbs Ottawa sand
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 10/21/2010 Hours: 24 Bbls oil: 7 Mcf Gas: 3 Bbls H2O: 0
 Calculated 24 hour rate: _____ Bbls oil: 7 Mcf Gas: 3 Bbls H2O: 0 GOR: 429
 Test Method: Flowing Casing PSI: 1102 Tubing PSI: 582 Choke Size: 48/64
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1306 API Gravity Oil: 43
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 6831 Tbg setting date: 09/22/2010 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: 11/24/2010 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: David S. Neslin Director of COGCC Date: 1/20/2011

Attachment Check List

Att Doc Num	Name
400110574	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	REC VALUES	1/20/2011 11:51:06 AM
Permit	req BTU Gas and API Oil values	1/19/2011 4:14:08 PM

Total: 2 comment(s)