

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:

2555450

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: SUSAN MILLER
Phone: (303) 228-4246
Fax: (303) 228-4286

5. API Number 05-123-30062-00
6. County: WELD
7. Well Name: DF RANCH
Well Number: 1161-10-32
8. Location: QtrQtr: NWSW Section: 10 Township: 11N Range: 61W Meridian: 6
9. Field Name: GROVER Field Code: 33380

Completed Interval

FORMATION: J SAND Status: PRODUCING
Treatment Date: 05/17/2010 Date of First Production this formation: 06/05/2010
Perforations Top: 7720 Bottom: 7780 No. Holes: 240 Hole size: 42/100
Provide a brief summary of the formation treatment: Open Hole:
PUMPED TOTAL OF 315,145LBS OF PROPPANT; AVG TREATMENT RATE 4508 BP, MAX TREATMENT RATE 46.3 BMP. TOTAL SLURRY PUMPED 175056
This formation is commingled with another formation: Yes No
Test Information:
Date: 06/07/2010 Hours: 24 Bbls oil: 7 Mcf Gas: 114 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H2O: 0 GOR: 16285
Test Method: PUMPING Casing PSI: 80 Tubing PSI: 100 Choke Size:
Gas Disposition: RE-INJECTED Gas Type: WET BTU Gas: 1242 API Gravity Oil: 42
Tubing Size: 2 + 7/8 Tubing Setting Depth: 7854 Tbg setting date: 06/04/2010 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: SUSAN MILLER
Title: REGUALTORY ANALYST II Date: 6/8/2010 Email: SMILLER@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: 2/1/2011

Attachment Check List

Att Doc Num	Name
2555450	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)