

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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Document Number:

2555450

## 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

4. Contact Name: SUSAN MILLER

2. Name of Operator: NOBLE ENERGY INC

Phone: (303) 228-4246

3. Address: 1625 BROADWAY STE 2200

Fax: (303) 228-4286

City: DENVER State: CO Zip: 80202

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
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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
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Calculated 24 hour rate:	Bbls oil:	Mcf Gas:	Bbls H2O:	0	GOR: 16285
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Test Method: PUMPING	Casing PSI: 80	Tubing PSI: 100	Choke Size:
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Gas Disposition:	RE-INJECTED	Gas Type:	WET	BTU Gas:	1242	API Gravity Oil:	42
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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**

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Total: 0 comment(s)