

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:

400118550

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:
3. Address:
City: State: CO Zip: 80202
4. Contact Name: Justin Garrett
Phone: (303) 228-4449
Fax: (303) 228-4286

5. API Number 05-123-31604-00
6. County: WELD
7. Well Name: WELLS RANCH AF Well Number: 07-01
8. Location: QtrQtr: NENE Section: 7 Township: 5N Range: 62W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING
Treatment Date: 11/19/2010 Date of First Production this formation: 11/22/2010
Perforations Top: 6264 Bottom: 6535 No. Holes: 104 Hole size:
Provide a brief summary of the formation treatment: Open Hole:
Codell and Niobrara are commingled
Codell & Niobrara are each producing through composite flow through plugs
Codell 6527'-6535', 32 holes, .41"
Frac'd Codell w/98023 gals Vistar, acid, and Slick Water with 199860 lbs Ottawa sand
Niobrara 6264'-6438', 72 holes, .73"
Frac'd Niobrara w/269877 gals Vistar, acid, and Slick Water with 399260 lbs Ottawa sand
This formation is commingled with another formation: Yes No
Test Information:
Date: 11/29/2010 Hours: 24 Bbls oil: 122 Mcf Gas: 135 Bbls H2O: 25
Calculated 24 hour rate: Bbls oil: 122 Mcf Gas: 135 Bbls H2O: 25 GOR: 1107
Test Method: Flowing Casing PSI: 450 Tubing PSI: 0 Choke Size: 14/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: API Gravity Oil:
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: 12/22/2010 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: 2/10/2011

Attachment Check List

Att Doc Num	Name
400118550	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)