

**FORM
5A**Rev
02/08State 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

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.

Document Number:

400118568

1. OGCC Operator Number: 100322 4. Contact Name: Justin Garrett
2. Name of Operator: _____ Phone: (303) 228-4449
3. Address: _____ Fax: (303) 228-4286
City: _____ State: CO Zip: 80202

5. API Number 05-123-31624-00 6. County: WELD
7. Well Name: WELLS RANCH AF Well Number: 07-03
8. Location: QtrQtr: NENW Section: 7 Township: 5N Range: 62W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed IntervalFORMATION: NIOBARRA-CODELL Status: PRODUCINGTreatment Date: 11/19/2010 Date of First Production this formation: 11/22/2010Perforations Top: 6283 Bottom: 6553 No. Holes: 104 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 6545'-6553', 32 holes, .73"
Frac'd Codell w/97559 gals Vistar, acid, and Slick Water with 200000 lbs Ottawa sand
Niobrara 6283'-6462', 72 holes, .41"
Frac'd Niobrara w/268466 gals Vistar, acid, and Slick Water with 400500 lbs Ottawa sand

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 11/29/2010 Hours: 24 Bbls oil: 60 Mcf Gas: 61 Bbls H2O: 8Calculated 24 hour rate: Bbls oil: 60 Mcf Gas: 61 Bbls H2O: 8 GOR: 1017Test Method: Flowing Casing PSI: 200 Tubing PSI: 0 Choke Size: 14/64Gas Disposition: SOLD Gas Type: WET BTU Gas: 1293 API Gravity Oil: 63

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

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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
400118568	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

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Total: 0 comment(s)