

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



Table with 4 columns: DE, ET, OE, ES

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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.

1. OGCC Operator Number: 100322 4. Contact Name: Eileen Roberts
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 2284330
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 2284286
City: DENVER State: CO Zip: 80202

5. API Number 05-123-32830-00 6. County: WELD
7. Well Name: WELLS RANCH AA Well Number: 24-03X
8. Location: QtrQtr: NENW Section: 24 Township: 6N Range: 63W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 02/15/2011 Date of First Production this formation: 02/17/2011
Perforations Top: 6476 Bottom: 6752 No. Holes: 84 Hole size: 0

Provide a brief summary of the formation treatment: Open Hole: []

Frac'd Niobrara w/ 268584 gals of Silverstim and Slick Water with 495,150#'s of Ottawa sand.
The Codell is producing through a Composite Flow Through Plug.
Commingle the Niobrara and Codell.

This formation is commingled with another formation: [] Yes [X] No

Test Information:

Date: 02/25/2011 Hours: 12 Bbls oil: 92 Mcf Gas: 173 Bbls H2O: 59
Calculated 24 hour rate: Bbls oil: 92 Mcf Gas: 173 Bbls H2O: 59 GOR: 1880
Test Method: FLOWING Casing PSI: 280 Tubing PSI: 0 Choke Size: 016/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1222 API Gravity Oil: 55
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: Eileen Roberts

Title: Regulatory Specialist Date: 4/25/2011 Email eroberts@nobleenergyinc.com
:

Attachment Check List

Att Doc Num	Name
400157774	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

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