

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 border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT			Document Number: <div style="text-align: center; border: 1px solid black; padding: 5px;"> 2072465 </div>				
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: <u>100322</u>	4. Contact Name: <u>SUSAN MILLER</u>
2. Name of Operator: <u>NOBLE ENERGY INC</u>	Phone: <u>(303) 228-4246</u>
3. Address: <u>1625 BROADWAY STE 2200</u>	Fax: <u>(303) 228-4286</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

5. API Number <u>05-123-30067-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>DF RANCH</u>	Well Number: <u>1161-10-22</u>
8. Location: QtrQtr: <u>NWNW</u> Section: <u>10</u> Township: <u>11N</u> Range: <u>61W</u> Meridian: <u>6</u>	
9. Field Name: <u>GROVER</u> Field Code: <u>33380</u>	

Completed Interval

FORMATION: <u>J SAND</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>05/17/2010</u>	Date of First Production this formation: <u>06/05/2010</u>
Perforations Top: <u>7718</u> Bottom: <u>7754</u>	No. Holes: <u>144</u> Hole size: <u>42/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
PUMPED 313,294 LBS INTO FORMATION; MAX TREATMENT PRESSURE 47.2 BPM; AVG TREATMENT PRESSURE 45.6 BPM; TOTAL SLURRY PUMPED 174006.	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>06/07/2010</u> Hours: <u>24</u> Bbls oil: <u>8</u> Mcf Gas: <u>115</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate:	Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: <u>14375</u>
Test Method: <u>PUMP</u>	Casing PSI: <u>90</u> Tubing PSI: <u>105</u> Choke Size: _____
Gas Disposition: <u>RE-INJECTED</u>	Gas Type: <u>WET</u> BTU Gas: <u>1242</u> API Gravity Oil: <u>43</u>
Tubing Size: <u>2 + 7/8</u> Tubing Setting Depth: <u>7861</u> Tbg setting date: <u>06/04/2010</u>	Packer Depth: _____
Reason for Non-Production:	
<div style="border: 1px solid black;"></div>	
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____
Bridge Plug Depth: _____	Sacks cement on top: _____

Comment:

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: SUSNA MILLER

Title: REGULATORY ANALYST II Date: 6/8/2010 Email SMILLER@NOBLEENERGYINC.COM
:

Attachment Check List

Att Doc Num	Name
2072465	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)