

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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Document Number:

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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  
2. Name of Operator: NOBLE ENERGY INC  
3. Address: 1625 BROADWAY STE 2200  
City: DENVER State: CO Zip: 80202  
4. Contact Name: Justin Garrett  
Phone: (303) 228-4449  
Fax: (303) 228-4286

5. API Number 05-123-31076-00  
6. County: WELD  
7. Well Name: DF RANCH  
Well Number: 1161-8-12  
8. Location: QtrQtr: NWNE Section: 8 Township: 11N Range: 61W Meridian: 6  
9. Field Name: GROVER Field Code: 33380

Completed Interval

FORMATION: J SAND Status: PRODUCING  
Treatment Date: 09/08/2010 Date of First Production this formation: 09/19/2010  
Perforations Top: 7746 Bottom: 7808 No. Holes: 160 Hole size: 42/100  
Provide a brief summary of the formation treatment: Open Hole: ☐  
Frac'd J Sand w/163384 gals Vistar with 305800 lbs Ottawa sand  
This formation is commingled with another formation: ☐ Yes ☒ No  
**Test Information:**  
Date: 09/24/2010 Hours: 24 Bbls oil: 57 Mcf Gas: 20 Bbls H2O: 184  
Calculated 24 hour rate: Bbls oil: 57 Mcf Gas: 20 Bbls H2O: 184 GOR: 351  
Test Method: Flowing Casing PSI: 90 Tubing PSI: 150 Choke Size:   
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1400 API Gravity Oil: 39  
Tubing Size: 2 + 7/8 Tubing Setting Depth: 1659 Tbg setting date: 09/10/2010 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: Justin Garrett

Title: Regulatory Specialist Date: 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: \_\_\_\_\_ Director of COGCC Date: \_\_\_\_\_

**Attachment Check List**

Att Doc Num	Name

Total Attach: 0 Files

**General Comments**

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

Total: 0 comment(s)