

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

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 05-123-30904-00 6. County: WELD
 7. Well Name: WELLS RANCH USX AE Well Number: 31-99HZ
 8. Location: QtrQtr: SWNW Section: 31 Township: 6N Range: 62W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 11/08/2010 Date of First Production this formation: 11/23/2010
 Perforations Top: 6940 Bottom: 10664 No. Holes: 0 Hole size: 0

Provide a brief summary of the formation treatment: Open Hole:
 Frac'd the Niobrara w/3979164 gals of Silverstim and Slick Water with 4,792,120#'s of Ottawa sand.

This formation is commingled with another formation: Yes No

Test Information:
 Date: 11/26/2010 Hours: 24 Bbls oil: 780 Mcf Gas: 833 Bbls H2O: 542
 Calculated 24 hour rate: Bbls oil: 780 Mcf Gas: 833 Bbls H2O: 542 GOR: 1067
 Test Method: FLOWING Casing PSI: 4 Tubing PSI: 452 Choke Size: 040/64
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1356 API Gravity Oil: 44
 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: _____ Email: eroberts@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

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

Total: 0 comment(s)