

**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

Document Number:

400208643

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 05-123-31894-00 6. County: WELD
7. Well Name: WELLS RANCH PC AA Well Number: 22-04
8. Location: QtrQtr: NWNW Section: 22 Township: 6N Range: 63W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed IntervalFORMATION: NIORBARA-CODELL Status: PRODUCING

Treatment Date: 07/05/2011 Date of First Production this formation: 07/08/2011
Perforations Top: 6468 Bottom: 6754 No. Holes: 84 Hole size: 0

Provide a brief summary of the formation treatment: Open Hole: ☐

Frac'd the Niobrara-Codell w/ 273191 gals of Silverstim and Slick Water with 494,000#'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 ☒ No**Test Information:**

Date: 07/22/2011 Hours: 12 Bbls oil: 98 Mcf Gas: 222 Bbls H2O: 9
Calculated 24 hour rate: Bbls oil: 98 Mcf Gas: 222 Bbls H2O: 9 GOR: 2265
Test Method: FLOWING Casing PSI: 440 Tubing PSI: 0 Choke Size: 016/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1295 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 RobertsTitle: 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)