

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: Tania McNutt  
 2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4392  
 3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286  
 City: DENVER State: CO Zip: 80202

5. API Number 05-045-18777-00 6. County: GARFIELD  
 7. Well Name: Double B Ranch Well Number: 18-44B (17M)  
 8. Location: QtrQtr: SWSW Section: 17 Township: 7S Range: 94W Meridian: 6  
 9. Field Name: RULISON Field Code: 75400

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 09/10/2011 Date of First Production this formation: 09/20/2011

Perforations Top: 7451 Bottom: 9116 No. Holes: 168 Hole size: 0.34

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

Frac 5,250 gal of 7.5% HCL, 866,854 gal of 2% KCL, 666,700 lbs of Ottawa Proppant, 157,600 lbs of SB Excel.

This formation is commingled with another formation:  Yes  No

Test Information:

Date: 09/22/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 1149 Bbls H2O: 600

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1149 Bbls H2O: 600 GOR: \_\_\_\_\_

Test Method: FLOWING Casing PSI: 2575 Tubing PSI: 1700 Choke Size: 18/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1104 API Gravity Oil: \_\_\_\_\_

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8923 Tbg setting date: 09/16/2011 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: Tania McNutt

Title: Regulatory Analyst Date: \_\_\_\_\_ Email tmcnutt@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)