

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

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
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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
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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
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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
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Calculated 24 hour rate:	Bbls oil:	0	Mcf Gas:	1149	Bbls H2O:	600	GOR:
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Test Method: FLOWING	Casing PSI: 2575	Tubing PSI: 1700	Choke Size: 18/64
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Gas Disposition:	SOLD	Gas Type:	DRY	BTU Gas:	1104	API Gravity Oil:
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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

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

Total: 0 comment(s)