

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



Table with 4 columns: DE, ET, OE, ES

Document Number: 400210210

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: Eileen Roberts
Phone: (303) 2284330
Fax: (303) 2284286

5. API Number 05-123-31063-00
6. County: WELD
7. Well Name: WELLS RANCH USX AA
Well Number: 11-16P
8. Location: QtrQtr: SESE Section: 11 Township: 6N Range: 63W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 10/07/2010 Date of First Production this formation: 10/11/2010

Perforations Top: 6554 Bottom: 6836 No. Holes: 104 Hole size: 0

Provide a brief summary of the formation treatment: Open Hole: []

Frac'd the Niobrara-Codell w/ 372952 gals of Siverstim and Slick Water with 598,988#'s of Ottawa sand.
The Niobrara and Codell are producing through Composite Flow Through Plugs.
Commingle the Niobrara and Codell.

This formation is commingled with another formation: [] Yes [X] No

Test Information:
Date: 10/18/2010 Hours: 24 Bbls oil: 16 Mcf Gas: 9 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 16 Mcf Gas: 9 Bbls H2O: 0 GOR: 563
Test Method: FLOWING Casing PSI: 250 Tubing PSI: 0 Choke Size: 020/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1330 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

Attachment Check List

Att Doc Num	Name
400210210	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)