

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: 400260390

Date Received:

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: Andrea Rawson
Phone: (303) 228-4253
Fax: (303) 228-4286

5. API Number 05-123-26501-00
6. County: WELD
7. Well Name: WELLS RANCH - USX BB
Well Number: 15-5
8. Location: QtrQtr: SWNW Section: 15 Township: 5N Range: 63W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 09/23/2011 Date of First Production this formation: 11/04/2011

Perforations Top: 6698 Bottom: 6710 No. Holes: 48 Hole size:

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

Re-Frac'd Codell w/ 129,797 gals of Slick Water, and Vistar 24/25/26 with 235,906#s of Ottawa sand.

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

Test Information:

Date: 11/22/2011 Hours: 24 Bbls oil: 2 Mcf Gas: 5 Bbls H2O: 1

Calculated 24 hour rate: Bbls oil: 2 Mcf Gas: 5 Bbls H2O: 1 GOR: 2500

Test Method: Flowing Casing PSI: 753 Tubing PSI: 625 Choke Size: 48

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1320 API Gravity Oil: 49

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6679 Tbg setting date: 09/28/2011 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: Andrea Rawson

Title: Regulatory Specialist Date: Email arawson@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400260395	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)