

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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Document Number:  
400260390

Date Received:  
03/12/2012

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: Andrea Rawson  
 2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4253  
 3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286  
 City: DENVER State: CO Zip: 80202

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:  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: 3/12/2012 Email: arawson@nobleenergyinc.com

**Attachment Check List**

<u>Att Doc Num</u>	<u>Name</u>
400260390	FORM 5A SUBMITTED
400260395	WELLBORE DIAGRAM

Total Attach: 2 Files

**General Comments**

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

Total: 0 comment(s)