

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

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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 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 05-123-33708-00 6. County: WELD 7. Well Name: WELLS RANCH USX Well Number: AA11-65HN 8. Location: QtrQtr: SWNW Section: 11 Township: 6N Range: 63W Meridian: 6 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Date: 10/13/2011 Date of First Production this formation: 12/06/2011 Perforations Top: 7236 Bottom: 10042 No. Holes: 60 Hole size: 0.48 Provide a brief summary of the formation treatment: Open Hole: [ ] Frac'd the Niobrara w/ 1790695 gals of Silverstim and Slick Water and 15% HCl with 3,982,186.03's of Ottawa sand. This formation is commingled with another formation: [ ] Yes [X] No Test Information: Date: 12/16/2011 Hours: 24 Bbls oil: 309 Mcf Gas: 231 Bbls H2O: 135 Calculated 24 hour rate: Bbls oil: 309 Mcf Gas: 231 Bbls H2O: 135 GOR: 747 Test Method: FLOWING Casing PSI: 127 Tubing PSI: 745 Choke Size: 020/64 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1227 API Gravity Oil: 41 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 Title: Regulatory Specialist Date: Email: eroberts@nobleenergyinc.com

**Attachment Check List**

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