

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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

Document Number: 400261770

Date Received: 03/15/2012

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
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 05-123-34278-00
6. County: WELD
7. Well Name: Ritchey USX
Well Number: WW27-02D
8. Location: QtrQtr: NENE Section: 27 Township: 1N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: DAKOTA Status: PRODUCING

Treatment Date: 11/13/2011 Date of First Production this formation: 11/16/2011

Perforations Top: 8588 Bottom: 8602 No. Holes: 56 Hole size: 0.41

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

Frac'd the Dakota w/ 40094 gals of Pergel 111 and Slick Water with 722,540#'s of Ottawa sand.
The Dakota is producing through a Composite Flow-Through Plug.

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

Test Information:

Date: 11/22/2011 Hours: 24 Bbls oil: 71 Mcf Gas: 11 Bbls H2O: 68

Calculated 24 hour rate: Bbls oil: 71 Mcf Gas: 11 Bbls H2O: 68 GOR: 458

Test Method: FLOWING Casing PSI: 250 Tubing PSI: 0 Choke Size: 010/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1330 API Gravity Oil: 46

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:

FORMATION: J SAND Status: PRODUCING

Treatment Date: 11/13/2011 Date of First Production this formation: 11/16/2011

Perforations Top: 8362 Bottom: 8382 No. Holes: 64 Hole size: 0.42

Provide a brief summary of the formation treatment: _____ Open Hole:

Frac'd the J-Sand w/ 143902 gals of Silverstim and Slick Water with 280,000#'s of Ottawa sand.

The Dakota is producing through a Composite Flow-Through Plug.

This formation is commingled with another formation: Yes No

Test Information:

Date: 11/22/2011 Hours: 24 Bbls oil: 71 Mcf Gas: 11 Bbls H2O: 68

Calculated 24 hour rate: Bbls oil: 71 Mcf Gas: 11 Bbls H2O: 68 GOR: 458

Test Method: FLOWING Casing PSI: 250 Tubing PSI: 0 Choke Size: 010/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1330 API Gravity Oil: 46

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: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 11/13/2011 Date of First Production this formation: 11/16/2011

Perforations Top: 7689 Bottom: 7771 No. Holes: 96 Hole size: 0

Provide a brief summary of the formation treatment: _____ Open Hole:

Frac'd the Niobrara-Codell w/ 266710 gals of Silverstim and Slick Water with 493,000#'s of Ottawa sand.

The Codell is producing through a Composite Flow-Through Plug.

Commingle the Niobrara and Codell.

This formation is commingled with another formation: Yes No

Test Information:

Date: 11/22/2011 Hours: 24 Bbls oil: 71 Mcf Gas: 11 Bbls H2O: 68

Calculated 24 hour rate: Bbls oil: 71 Mcf Gas: 11 Bbls H2O: 68 GOR: 458

Test Method: FLOWING Casing PSI: 250 Tubing PSI: 0 Choke Size: 010/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1330 API Gravity Oil: 46

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: 3/15/2012 Email : eroberts@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
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Total Attach: Files

General Comments

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

Total: 0 comment(s)