

<b>FORM 5A</b> Rev 06/12	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table>	DE	ET	OE	ES
DE	ET	OE	ES				
			Document Number: <p style="text-align: center;">400396082</p> Date Received:				
<b>COMPLETED INTERVAL REPORT</b>							
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: <u>100322</u> 2. Name of Operator: <u>NOBLE ENERGY INC</u> 3. Address: <u>1625 BROADWAY STE 2200</u> City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	4. Contact Name: <u>Eileen Roberts</u> Phone: <u>(303) 2284330</u> Fax: <u>(303) 2284286</u>
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5. API Number <u>05-123-34890-00</u> 7. Well Name: <u>BALL RANCH</u> 8. Location: QtrQtr: <u>NWNW</u> Section: <u>15</u> Township: <u>7N</u> Range: <u>63W</u> Meridian: <u>6</u> 9. Field Name: <u>WILDCAT</u> Field Code: <u>99999</u>	6. County: <u>WELD</u> Well Number: <u>AC15-04</u>
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**Completed Interval**

FORMATION: <u>LYONS</u>	Status: <u>PRODUCING</u>	Treatment Type: _____
Treatment Date: _____	End Date: _____	Date of First Production this formation: <u>07/11/2012</u>
Perforations Top: <u>8664</u>	Bottom: <u>8670</u>	No. Holes: <u>24</u> Hole size: <u>0.41</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>

No treatment.

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): _____	Max pressure during treatment (psi): _____
Total gas used in treatment (mcf): _____	Fluid density at initial fracture (lbs/gal): _____
Type of gas used in treatment: _____	Min frac gradient (psi/ft): _____
Total acid used in treatment (bbl): _____	Number of staged intervals: _____
Recycled water used in treatment (bbl): _____	Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____	Disposition method for flowback: _____
Total proppant used (lbs): _____	Rule 805 green completion techniques were utilized: <input type="checkbox"/>

Reason why green completion not utilized: \_\_\_\_\_

**Fracture stimulations must be reported on FracFocus.org**

**Test Information:**

Date: <u>07/20/2011</u>	Hours: <u>24</u>	Bbl oil: <u>150</u>	Mcf Gas: <u>0</u>	Bbl H2O: <u>0</u>
Calculated 24 hour rate:	Bbl oil: <u>150</u>	Mcf Gas: <u>0</u>	Bbl H2O: <u>0</u>	GOR: <u>0</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>0</u>	Tubing PSI: <u>0</u>	Choke Size: <u>0</u>	
Gas Disposition: _____	Gas Type: _____	Btu Gas: <u>0</u>	API Gravity Oil: <u>43</u>	
Tubing Size: <u>2 + 7/8</u>	Tubing Setting Depth: <u>8516</u>	Tbg setting date: <u>08/10/2012</u>	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: \_\_\_\_\_ \*\* Wireline and Cement Job Summary must be attached.

Comment:

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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  
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**Attachment Check List**

Att Doc Num	Name

Total Attach: 0 Files

**General Comments**

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

Total: 0 comment(s)