

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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COMPLETED INTERVAL REPORT

Document Number:

400109060

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, reoperation 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: Justin Garrett
 2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4449
 3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-30486-00 6. County: WELD
 7. Well Name: WELLS RANCHUSX AE Well Number: 19-09P
 8. Location: QtrQtr: NESE Section: 19 Township: 6N Range: 62W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIORARA-CODELL Status: PRODUCING

Treatment Date: 06/10/2010 Date of First Production this formation: 06/22/2010

Perforations Top: 6430 Bottom: 6702 No. Holes: 104 Hole size: _____

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

Codell & Niobrara are commingled
 Codell 6694'-6702', 32 holes, .41"
 Frac'd Codell w/100547 gals Silverstim, Acid, and Slick Water with 199820 lbs Ottawa sand
 Niobrara 6430'-6600', 72 holes, .73"
 Frac'd Niobrara w/274224 gals Silverstim, Acid, and Slick Water with 401860 lbs Ottawa sand

This formation is commingled with another formation: Yes No

Test Information:

Date: 06/29/2010 Hours: 24 Bbls oil: 55 Mcf Gas: 40 Bbls H2O: 10

Calculated 24 hour rate: _____ Bbls oil: 55 Mcf Gas: 40 Bbls H2O: 10 GOR: 727

Test Method: Flowing Casing PSI: 1490 Tubing PSI: 820 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1245 API Gravity Oil: 43

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6663 Tbg setting date: 06/18/2010 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: Justin Garrett

Title: Regulatory Specialist Date: 11/16/2010 Email JDGarrett@nobleenergyinc.com
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Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: *David S. Neslin* Director of COGCC Date: 1/18/2011

Attachment Check List

Att Doc Num	Name
400109060	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

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

Total: 0 comment(s)