

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:

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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 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 05-123-18027-00 6. County: WELD
7. Well Name: UPV Well Number: 33-8J6
8. Location: QtrQtr: SENE Section: 33 Township: 3N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>NIOBRARA-CODELL</u>		Status: <u>PRODUCING</u>		
Treatment Date: <u>11/02/2010</u>		Date of First Production this formation: <u>12/09/1994</u>		
Perforations	Top: <u>7234</u>	Bottom: <u>7452</u>	No. Holes: <u>63</u>	Hole size: <u></u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
<div>Codell & Niobrara are commingled Nothing new happened in Codell during Niobrara refrac</div>				
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Test Information:				
Date: <u>11/16/2010</u>	Hours: <u>24</u>	Bbls oil: <u>16</u>	Mcf Gas: <u>68</u>	Bbls H2O: <u>12</u>
Calculated 24 hour rate:		Bbls oil: <u>16</u>	Mcf Gas: <u>68</u>	Bbls H2O: <u>12</u> GOR: <u>4250</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>920</u>	Tubing PSI: <u>560</u>	Choke Size: <u>30/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1272</u>	API Gravity Oil: <u>52</u>	
Tubing Size: <u>2 + 1/16</u>	Tubing Setting Depth: <u>7424</u>	Tbg setting date: <u>11/05/2010</u>	Packer Depth: <u></u>	
Reason for Non-Production: <div></div>				
Date formation Abandoned: <u></u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt <u></u>	
Bridge Plug Depth: <u></u>		Sacks cement on top: <u></u>		

FORMATION: NIOBRARA		Status: COMMINGLED					
Treatment Date: 11/02/2010		Date of First Production this formation: 12/09/1994					
Perforations	Top: 7234	Bottom: 7312	No. Holes: 6	Hole size:			
Provide a brief summary of the formation treatment:		Open Hole:					
Niobrara refrac Frac'd Niobrara 172872 gals Vistar, Acid, and Slick Water with 248300 lbs Ottawa sand							
This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Test Information:							
Date:	Hours:	Bbls oil:	Mcf Gas:	Bbls H2O:			
Calculated 24 hour rate:		Bbls oil:	Mcf Gas:	Bbls H2O:	GOR:		
Test Method:		Casing PSI:	Tubing PSI:	Choke Size:			
Gas Disposition:		Gas Type:	BTU Gas:	API Gravity Oil:			
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: Justin Garrett

Title: Regulatory Specialist Date: _____ Email: JDGarrett@nobleenergyinc.com

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: _____ Director of COGCC _____ Date: _____

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)