

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:

400165100

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 05-123-15380-00 6. County: WELD
7. Well Name: UPRC Well Number: 27-16F
8. Location: QtrQtr: SESE Section: 27 Township: 4N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>TEMPORARILY ABANDONED</u>
Treatment Date: <u>03/07/2011</u>	Date of First Production this formation: <u>01/28/1992</u>
Perforations Top: <u>7256</u> Bottom: <u>7272</u>	No. Holes: <u>128</u> Hole size: <u></u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>The Codell is covered by a sand plug for Niobrara refrac</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u></u> Hours: <u></u> Bbls oil: <u></u> Mcf Gas: <u></u> Bbls H2O: <u></u>	
Calculated 24 hour rate: <u></u> Bbls oil: <u></u> Mcf Gas: <u></u> Bbls H2O: <u></u> GOR: <u></u>	
Test Method: <u></u> Casing PSI: <u></u> Tubing PSI: <u></u> Choke Size: <u></u>	
Gas Disposition: <u></u> Gas Type: <u></u> BTU Gas: <u></u> API Gravity Oil: <u></u>	
Tubing Size: <u></u> Tubing Setting Depth: <u></u> Tbg setting date: <u></u> Packer Depth: <u></u>	
Reason for Non-Production:	
<u>Sand plug set 7099' 3/7/2011</u>	
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: <u>NIORBARA</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>03/15/2011</u>		Date of First Production this formation: <u>01/28/1992</u>	
Perforations	Top: <u>6960</u>	Bottom: <u>7141</u>	No. Holes: <u>92</u> Hole size: _____
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
Niobrara refrac Part of Niobrara under sand plug Frac'd Niobrara w/151910 gals Vistar and Acid with 248860 lbs Ottawa sand			
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:			
Date: <u>04/01/2011</u>	Hours: <u>24</u>	Bbls oil: <u>11</u>	Mcf Gas: <u>377</u> Bbls H2O: <u>19</u>
Calculated 24 hour rate:		Bbls oil: <u>11</u>	Mcf Gas: <u>377</u> Bbls H2O: <u>19</u> GOR: <u>342</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>260</u>	Tubing PSI: <u>0</u>	Choke Size: <u>20/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1240</u>	API Gravity Oil: <u>64</u>
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____
Reason for Non-Production:			
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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

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

Total: 0 comment(s)