

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



| | | | |
|----|----|----|----|
| DE | ET | OE | ES |
|----|----|----|----|

Document Number:

400170938

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 05-123-15377-00 | 6. County: WELD |
| 7. Well Name: UPRC | Well Number: 27-9F |
| 8. Location: QtrQtr: NESE Section: 27 Township: 4N Range: 66W Meridian: 6 | |
| 9. Field Name: WATTENBERG | Field Code: 90750 |

Completed Interval

| | | | |
|--|--------------------------------------|---|---|
| FORMATION: <u>CODELL</u> | | Status: <u>COMMINGLED</u> | |
| Treatment Date: <u>02/19/2011</u> | | Date of First Production this formation: <u>02/01/1992</u> | |
| Perforations | Top: <u>7259</u> Bottom: <u>7276</u> | No. Holes: <u>132</u> | Hole size: _____ |
| Provide a brief summary of the formation treatment: | | Open Hole: <input type="checkbox"/> | |
| Codell trifrac Frac'd Codell w/127361 gals Vistar and Slick Water with 243160 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: <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, number of sacks cmt _____ |
| Bridge Plug Depth: _____ | | Sacks cement on top: _____ | |

| | | | |
|---|--------------------------------------|---|--|
| FORMATION: <u>NIOBRARA-CODELL</u> | | Status: <u>PRODUCING</u> | |
| Treatment Date: <u>02/23/2011</u> | | Date of First Production this formation: <u>02/01/1992</u> | |
| Perforations | Top: <u>7033</u> Bottom: <u>7276</u> | No. Holes: <u>158</u> | Hole size: _____ |
| Provide a brief summary of the formation treatment: | | Open Hole: <input type="checkbox"/> | |
| Codell & J Sand are commingled Nothing new happened in J Sand for Codell trifrac | | | |
| This formation is commingled with another formation: | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Test Information: | | | |
| Date: <u>04/12/2011</u> | Hours: <u>24</u> | Bbls oil: <u>6</u> | Mcf Gas: <u>231</u> Bbls H2O: <u>0</u> |
| Calculated 24 hour rate: _____ | | Bbls oil: <u>6</u> | Mcf Gas: <u>231</u> Bbls H2O: <u>0</u> GOR: <u>38500</u> |
| Test Method: <u>Flowing</u> | Casing PSI: <u>400</u> | Tubing PSI: <u>350</u> | Choke Size: <u>32/64</u> |
| Gas Disposition: <u>SOLD</u> | Gas Type: <u>WET</u> | BTU Gas: <u>1242</u> | API Gravity Oil: <u>64</u> |
| Tubing Size: <u>2 + 3/8</u> | Tubing Setting Depth: <u>7243</u> | Tbg setting date: <u>03/08/2011</u> | Packer Depth: _____ |
| Reason for Non-Production: _____ | | | |
| | | | |
| 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

User Group

Comment

Comment Date

| | | |
|--|--|--|
| | | |
|--|--|--|

Total: 0 comment(s)