

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

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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
2. Name of Operator: NOBLE ENERGY INC
3. Address: 1625 BROADWAY STE 2200
City: DENVER State: CO Zip: 80202
4. Contact Name: Andrea Rawson
Phone: (303) 228-4253
Fax: (303) 228-4286

5. API Number 05-123-18307-00
6. County: WELD
7. Well Name: UPRC Well Number: 23-517
8. Location: QtrQtr: NWSW Section: 23 Township: 4N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING
Treatment Date: 09/21/2010 Date of First Production this formation: 10/26/2010
Perforations Top: 7328 Bottom: 7636 No. Holes: 208 Hole size:
Provide a brief summary of the formation treatment: Open Hole:
Commingled C1271odell and Niobrara.
This formation is commingled with another formation: Yes No
Test Information:
Date: 11/01/2010 Hours: 24 Bbls oil: 65 Mcf Gas: 459 Bbls H2O: 55
Calculated 24 hour rate: Bbls oil: 65 Mcf Gas: 459 Bbls H2O: 55 GOR: 7062
Test Method: Flowing Casing PSI: 455 Tubing PSI: 214 Choke Size: 32
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1271 API Gravity Oil: 55
Tubing Size: 2 + 1/16 Tubing Setting Depth: 7582 Tbg setting date: 10/20/2010 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: Andrea Rawson
Title: Regulatory Specialist Date: Email arawson@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)