

**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

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.

Document Number:

400241891

1. OGCC Operator Number: 100322 4. Contact Name: Andrea Rawson
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4253
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
City: DENVER State: CO Zip: 80202

5. API Number 05-123-33123-00 6. County: WELD
7. Well Name: UPV C Well Number: 23-27
8. Location: QtrQtr: SWSE Section: 14 Township: 4N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed IntervalFORMATION: NIOBRARA-CODELL Status: PRODUCINGTreatment Date: 12/01/2011 Date of First Production this formation: 12/02/2011Perforations Top: 6546 Bottom: 6750 No. Holes: 104 Hole size: Provide a brief summary of the formation treatment: Open Hole: ☐

Niobrara perms 6546-6631 (48 holes), Codell perms 6736-6750 (56 holes).
Frac'd Niobrara / Codell with 246,272 gals of Slick Water, Vistar, and 15% HCl with 494,440#s of Ottawa sand.
Commingled Codell and Niobrara.
Codell producing through composite flow plug.

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 12/09/2011 Hours: 24 Bbls oil: 10 Mcf Gas: 56 Bbls H2O: 0Calculated 24 hour rate: Bbls oil: 10 Mcf Gas: 56 Bbls H2O: 0 GOR: 5600Test Method: Flowing Casing PSI: 1000 Tubing PSI: 0 Choke Size: 10Gas Disposition: SOLD Gas Type: WET BTU Gas: 1251 API Gravity Oil: 56Tubing 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: Andrea RawsonTitle: 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)