

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:

400262722

Date Received:

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: 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 05-123-18152-00

6. County: WELD

7. Well Name: UPRC

Well Number: 7-4H6

8. Location: QtrQtr: NWNW Section: 7 Township: 5N Range: 66W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL

Status: SHUT IN

Treatment Date: 11/22/2011

Date of First Production this formation: 01/24/1995

Perforations Top: 7178

Bottom: 7190

No. Holes: 44

Hole size: _____

Provide a brief summary of the formation treatment:

Open Hole: ☐

Codell under sand plug @ 7098

This formation is commingled with another formation: ☐ Yes ☒ 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:

Will be commingled at a later date.

Date formation Abandoned: _____ Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: NIOBRARA

Status: PRODUCING

Treatment Date: 11/22/2011

Date of First Production this formation: 11/23/2011

Perforations Top: 6872

Bottom: 7022

No. Holes: 128

Hole size: _____

Provide a brief summary of the formation treatment:

Open Hole: ☐

Frac'd Niobrara w/ 147,453 gals of Slick Water, Vistar, and 15% HCl with 244,545#s of Ottawa sand.

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**

Date: 12/09/2011 Hours: 24 Bbls oil: 3 Mcf Gas: 64 Bbls H2O: 9

Calculated 24 hour rate: _____ Bbls oil: 3 Mcf Gas: 64 Bbls H2O: 9 GOR: 21333

Test Method: Flowing Casing PSI: 200 Tubing PSI: 0 Choke Size: 14

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1325 API Gravity Oil: 56

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: Andrea Rawson

Title: Regulatory Specialist

Date: _____

arawson@nobleenergyinc.com

Email
:

Attachment Check List

Att Doc Num	Name
400262731	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)