

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:

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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: Liz Lindow

2. Name of Operator: NOBLE ENERGY INC

Phone: (303) 228-4342

3. Address: 1625 BROADWAY STE 2200

Fax: (303) 228-4286

City: DENVER State: CO Zip: 80202

5. API Number 05-125-11994-00

6. County: YUMA

7. Well Name: Unger

Well Number: 34-11

8. Location: QtrQtr: SWSE Section: 11 Township: 1N Range: 46W Meridian: 6

9. Field Name: Field Code:

Completed Interval

FORMATION: NIOBRARA

Status: PRODUCING

Treatment Date: 12/08/2011

Date of First Production this formation: 12/29/2011

Perforations Top: 2431 Bottom: 2472 No. Holes: 13 Hole size: 0

Provide a brief summary of the formation treatment:

Open Hole: ☐

50020 lb Daniels sand; 50000 lbs Texas Gold; 29652 gal MAV-3/gelled water

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 12/29/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 100 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 100 Bbls H2O: 0 GOR:

Test Method: Flowing Casing PSI: 450 Tubing PSI: 0 Choke Size:

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1000 API Gravity Oil: 0

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: Liz Lindow

Title: Regulatory Analyst Date: Email: llindow@nobleenergyinc.com

Attachment Check List

| Att Doc Num | Name |
|-------------|------|
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Total Attach: 0 Files

General Comments

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