

FORM
5A

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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400264206

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03/22/2012

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: REPUBLICAN Field Code: 73275

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: 3/22/2012 Email: llindow@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400264206	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Top of Niobrara changed on form 5 per opr.	5/3/2012 7:54:16 AM
Permit	Email to opr to verify log tops on 5 and 5A 4/30/2012 NKP	4/30/2012 2:08:42 PM

Total: 2 comment(s)