

FORM 5A Rev 06/12	State of Colorado Oil and Gas Conservation Commission 1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT			Document Number: 401136183 Date Received:				
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: <u>100322</u> 2. Name of Operator: <u>NOBLE ENERGY INC</u> 3. Address: <u>1625 BROADWAY STE 2200</u> City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	4. Contact Name: <u>Julie Webb</u> Phone: <u>(720) 587-2223</u> Fax: _____ Email: <u>jwebb@progressivepcs.net</u>
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5. API Number <u>05-123-15899-00</u> 7. Well Name: <u>UPRC</u> 8. Location: QtrQtr: <u>SESW</u> Section: <u>23</u> Township: <u>5N</u> 9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	6. County: <u>WELD</u> Well Number: <u>23-14A</u> Range: <u>64W</u> Meridian: <u>6</u>
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Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>COMMINGLED</u>	Treatment Type: _____
Treatment Date: _____	End Date: _____	Date of First Production this formation: <u>04/03/1993</u>
Perforations Top: <u>6708</u>	Bottom: <u>6721</u>	No. Holes: <u>72</u> Hole size: _____
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Total fluid used in treatment (bbl): _____	Max pressure during treatment (psi): _____	
Total gas used in treatment (mcf): _____	Fluid density at initial fracture (lbs/gal): _____	
Type of gas used in treatment: _____	Min frac gradient (psi/ft): _____	
Total acid used in treatment (bbl): _____	Number of staged intervals: _____	
Recycled water used in treatment (bbl): _____	Flowback volume recovered (bbl): _____	
Fresh water used in treatment (bbl): _____	Disposition method for flowback: _____	
Total proppant used (lbs): _____	Rule 805 green completion techniques were utilized: <input type="checkbox"/>	
Reason why green completion not utilized: _____		

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____	Hours: _____	Bbl oil: _____	Mcf Gas: _____	Bbl H2O: _____
Calculated 24 hour rate:	Bbl oil: _____	Mcf Gas: _____	Bbl H2O: _____	GOR: _____
Test Method: _____	Casing PSI: _____	Tubing PSI: _____	Choke Size: _____	
Gas Disposition: _____	Gas Type: _____	Btu Gas: _____	API Gravity Oil: _____	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>5770</u>	Tbg setting date: <u>08/23/2015</u>	Packer Depth: _____	

Reason for Non-Production: The well is closed to the atmosphere via a RBP bridge plug set at 6381' on 8/24/2016 for an off-set frac. Noble will return the well to production once the off-set frac is complete and a rig is available. Noble will run an MIT if the well is still TA'd after two years. The RBP was set through tubing, invoiced attached.

Date formation Abandoned: <u>08/24/2016</u>	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____
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** Bridge Plug Depth: 6381 ** Sacks cement on top: _____ ** Wireline and Cement Job Summary must be attached.

FORMATION: NIOBRARA-CODELL Status: TEMPORARILY ABANDONED Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: 04/03/1993

Perforations Top: 6431 Bottom: 6721 No. Holes: 100 Hole size: _____

Provide a brief summary of the formation treatment: _____ Open Hole:

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: _____ Min frac gradient (psi/ft): _____

Total acid used in treatment (bbl): _____ Number of staged intervals: _____

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____

Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____

Calculated 24 hour rate: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5770 Tbg setting date: 08/23/2016 Packer Depth: _____

Reason for Non-Production: The well is closed to the atmosphere via a RBP bridge plug set at 6381' on 8/24/2016 for an off-set frac. Noble will return the well to production once the off-set frac is complete and a rig is available. Noble will run an MIT if the well is still TA'd after two years. The RBP was set through tubing, invoiced attached.

Date formation Abandoned: 08/24/2016 Squeeze: Yes No If yes, number of sacks cmt _____

** Bridge Plug Depth: 6381 ** Sacks cement on top: _____ ** Wireline and Cement Job Summary must be attached.

FORMATION: NIOBRARA Status: COMMINGLED Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: 04/03/1993

Perforations Top: 6431 Bottom: 6611 No. Holes: 28 Hole size: _____

Provide a brief summary of the formation treatment: _____ Open Hole:

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: _____ Min frac gradient (psi/ft): _____

Total acid used in treatment (bbl): _____ Number of staged intervals: _____

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____

Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____

Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5770 Tbg setting date: 08/23/2016 Packer Depth: _____

Reason for Non-Production: The well is closed to the atmosphere via a RBP bridge plug set at 6381' on 8/24/2016 for an off-set frac. Noble will return the well to production once the off-set frac is complete and a rig is available. Noble will run an MIT if the well is still TA'd after two years. The RBP was set through tubing, invoiced attached.

Date formation Abandoned: 08/22/2016 Squeeze: Yes No If yes, number of sacks cmt _____

** Bridge Plug Depth: 6381 ** Sacks cement on top: _____ ** Wireline and Cement Job Summary must be attached.

Comment:

This well was TA on 8/24/2016 with RBP set at 6381' for an off-set horizontal frac. This well will be returned to production once the off-set frac is complete.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Julie Webb

Title: Senior Regulatory Analyst Date: _____ Email: jwebb@progressivepcs.net

Attachment Check List

Att Doc Num	Name
401136252	OPERATIONS SUMMARY

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)