

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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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: (281) 876-6105
3. Address: 1625 BROADWAY STE 2200 Fax: (281) 876-2503
City: DENVER State: CO Zip: 80202

5. API Number 05-123-17616-00 6. County: WELD
7. Well Name: UPRC Well Number: 31-7K
8. Location: QtrQtr: SWNE Section: 31 Township: 3N Range: 66W Meridian: 6

Completed Interval

FORMATION: <u>NIOBRARA-CODELL</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>01/13/2010</u>		Date of First Production this formation: <u>01/27/2010</u>	
Perforations	Top: <u>7062</u> Bottom: <u>7339</u>	No. Holes: <u>176</u>	Hole size: <u>27/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>COMMINGLE CODELL AND NIOBRARA</u>			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Test Information:			
Date: <u>02/05/2010</u>	Hours: <u>24</u>	Bbls oil: <u>10</u>	Mcf Gas: <u>115</u> Bbls H2O: <u>4</u>
Calculated 24 hour rate:		Bbls oil: <u>10</u>	Mcf Gas: <u>115</u> Bbls H2O: <u>4</u> GOR: <u>11500</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>460</u>	Tubing PSI: <u>320</u>	Choke Size: <u>30/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1000</u>	API Gravity Oil: <u>54</u>
Tubing Size: <u>2 + 1/16</u>	Tubing Setting Depth: <u>7302</u>	Tbg setting date: <u>01/26/2010</u>	Packer Depth: <u></u>
Reason for Non-Production: <u></u>			
Date formation Abandoned: <u></u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt <u></u>
Bridge Plug Depth: <u></u>		Sacks cement on top: <u></u>	

Comment:

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

Signed: Y Print Name: ANDREA RAWSON

Title: REGULATORY SPECIALIST Date: 4/6/2010 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. *David S. Nestlin*

COGCC Approved: _____

Director of COGCC

Date: 9/15/2010