

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

COMPLETED INTERVAL REPORT

Document Number:

1667534

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: NIOBRARA-CODELL Status: PRODUCING
Treatment Date: 01/13/2010 Date of First Production this formation: 01/27/2010
Perforations Top: 7062 Bottom: 7339 No. Holes: 176 Hole size: 27/100
Provide a brief summary of the formation treatment: COMMINGLE CODELL AND NIOBRARA Open Hole:
This formation is commingled with another formation: Yes No
Test Information:
Date: 02/05/2010 Hours: 24 Bbls oil: 10 Mcf Gas: 115 Bbls H2O: 4
Calculated 24 hour rate: Bbls oil: 10 Mcf Gas: 115 Bbls H2O: 4 GOR: 11500
Test Method: FLOWING Casing PSI: 460 Tubing PSI: 320 Choke Size: 30/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1000 API Gravity Oil: 54
Tubing Size: 2 + 1/16 Tubing Setting Depth: 7302 Tbg setting date: 01/26/2010 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: 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. Neslin*

COGCC Approved: _____

Director of COGCC

Date: 9/15/2010