

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:

2555197

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: (303) 2284253
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 2284286
City: DENVER State: CO Zip: 80202

5. API Number 05-123-18055-00 6. County: WELD
7. Well Name: UPV Well Number: 23-1014
8. Location: QtrQtr: NWSE Section: 23 Township: 4N Range: 64W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>03/09/2010</u>	Date of First Production this formation: _____
Perforations Top: <u>6752</u> Bottom: <u>6764</u>	No. Holes: <u>48</u> Hole size: _____
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>SET SAND PLUG AT 6616. REMOVED SAND PLUG AND COMMINGLED WITH NBBR</u>	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Test Information:	
Date: _____ Hours: _____	Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate: _____	Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____
Test Method: _____	Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
Gas Disposition: _____	Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____
Tubing Size: _____	Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____
Reason for Non-Production: _____	
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____	
Bridge Plug Depth: _____ Sacks cement on top: _____	

FORMATION: MUDDY-MOWRY Status: COMMINGLED

Treatment Date: 03/09/2010 Date of First Production this formation: 03/11/2010

Perforations Top: 6490 Bottom: 6576 No. Holes: 120 Hole size: 27/100

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

RE-FRACD NIOBRARA WITH 173532 GALS OF SLICK WATER AND 15% HCl WITH 249720#S OF OTTAWA SAND.

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

Test Information:

Date: 03/19/2010 Hours: 24 Bbls oil: 35 Mcf Gas: 246 Bbls H2O: 12

Calculated 24 hour rate: _____ Bbls oil: 35 Mcf Gas: 246 Bbls H2O: 12 GOR: 7028

Test Method: FLOWING Casing PSI: 260 Tubing PSI: 0 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1214 API Gravity Oil: 58

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: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 03/23/2010 Date of First Production this formation: 03/25/2010

Perforations Top: 6490 Bottom: 6764 No. Holes: 168 Hole size: _____

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

COMMINGLE CODELL AND NIOBRARA

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

Test Information:

Date: 04/01/2010 Hours: 24 Bbls oil: 30 Mcf Gas: 246 Bbls H2O: 18

Calculated 24 hour rate: _____ Bbls oil: 30 Mcf Gas: 246 Bbls H2O: 18 GOR: 8200

Test Method: FLOWING Casing PSI: 660 Tubing PSI: 300 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1303 API Gravity Oil: 62

Tubing Size: 2 + 1/16 Tubing Setting Depth: 6743 Tbg setting date: 03/23/2010 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: _____ Print Name: ANDREA RAWSON

Title: REGULATORY SPECIALIST Date: 5/27/2010 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.

COGCC Approved: David S. Neslin Director of COGCC Date: 11/19/2010

Attachment Check List

Att Doc Num	Name
2555197	FORM 5A SUBMITTED

Total Attach: 1 Files