

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:

2555424

**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  
2. Name of Operator: NOBLE ENERGY INC  
3. Address: 1625 BROADWAY STE 2200  
City: DENVER State: CO Zip: 80202  
4. Contact Name: ANDREA RAWSON  
Phone: (303) 2284253  
Fax: (303) 2284286

5. API Number 05-123-18152-00  
6. County: WELD  
7. Well Name: UPRC  
Well Number: 7-4H6  
8. Location: QtrQtr: NWNW Section: 7 Township: 5N Range: 66W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: CODELL Status: PRODUCING  
Treatment Date: 02/04/2010 Date of First Production this formation: 03/22/2010  
Perforations Top: 7178 Bottom: 7190 No. Holes: 44 Hole size: \_\_\_\_\_  
Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐  
TRI-FRACD CODELL WITH 132102 GALS OF SLICK WATER AND CISTAR WITH 245000#S OF OTTAWA SAND.  
This formation is commingled with another formation: ☐ Yes ☒ No  
**Test Information:**  
Date: 03/31/2010 Hours: 24 Bbls oil: 2 Mcf Gas: 26 Bbls H2O: 1  
Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 2 Mcf Gas: 26 Bbls H2O: 1 GOR: 13000  
Test Method: FLOWING Casing PSI: 410 Tubing PSI: 360 Choke Size: 48/64  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1215 API Gravity Oil: 56  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7151 Tbg setting date: 02/11/2010 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: 6/2/2010 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 G. Neslin Director of COGCC Date: 11/22/2010

**Attachment Check List**

Att Doc Num	Name
2555424	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)