

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:

400107734

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: Justin Garrett
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4449
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
City: DENVER State: CO Zip: 80202

5. API Number 05-123-15378-00 6. County: WELD
7. Well Name: UPRC Well Number: 27-12F
8. Location: QtrQtr: NWSW Section: 27 Township: 4N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIORARA-CODELL Status: PRODUCING
Treatment Date: 09/29/2010 Date of First Production this formation: 01/16/1992
Perforations Top: 7234 Bottom: 7249 No. Holes: 86 Hole size: _____
Provide a brief summary of the formation treatment: _____ Open Hole: ☐

Niobrara refrac; nothing happened in Codell
Codell & Niobrara are comingled

This formation is comingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 10/14/2010 Hours: 24 Bbls oil: 5 Mcf Gas: 156 Bbls H2O: 14
Calculated 24 hour rate: _____ Bbls oil: 5 Mcf Gas: 156 Bbls H2O: 14 GOR: 31200
Test Method: Flowing Casing PSI: 400 Tubing PSI: 340 Choke Size: 32/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1250 API Gravity Oil: 63
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7213 Tbg setting date: 10/01/2010 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: _____

FORMATION: NIOBRARA Status: COMMINGLED

Treatment Date: 09/29/2010 Date of First Production this formation: 01/16/1992

Perforations Top: 6935 Bottom: 7121 No. Holes: 92 Hole size: 73/100

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

Niobrara refrac
Frac'd Niobrara w/174972 gals Vistar, Acid, and Slick Water with 258540 lbs Ottawa sand and SB Excel

This formation is commingled with another formation: ☒ Yes ☐ 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: ☐ 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: Justin Garrett

Title: Regulatory Specialist Date: 11/10/2010 Email: JDGarrett@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: 1/14/2011

Attachment Check List

Att Doc Num	Name
400107734	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)