

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:

400142200

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) 228-4253
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
City: DENVER State: CO Zip: 80202

5. API Number 05-123-15323-00 6. County: WELD
7. Well Name: UPRC Well Number: 35-3F
8. Location: QtrQtr: NENW Section: 35 Township: 4N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 12/08/2010 Date of First Production this formation: 01/24/2011
Perforations Top: 6949 Bottom: 7266 No. Holes: 84 Hole size:

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

Codell perfs 7250-7266. Tri-Frac'd Codell w/ 127,843 gals of Slick Water and Vistar with 242,020#'s of Ottawa sand. Commingle Codell and Niobrara.

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

Test Information:

Date: 01/28/2011 Hours: 24 Bbls oil: 1 Mcf Gas: 163 Bbls H2O: 2
Calculated 24 hour rate: Bbls oil: 1 Mcf Gas: 163 Bbls H2O: 2 GOR: 16300
Test Method: Flowing Casing PSI: 500 Tubing PSI: 480 Choke Size: 32
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1251 API Gravity Oil: 65
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7110 Tbg setting date: 12/20/2010 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: 12/08/2010 Date of First Production this formation:

Perforations Top: 6949 Bottom: 7044 No. Holes: 20 Hole size:

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

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: Andrea Rawson

Title: Regulatory Specialist Date: Email arawson@nobleenergyinc.com

Attachment Check List

| Att Doc Num | Name |
|-------------|------|
| | |

Total Attach: 0 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
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Total: 0 comment(s)