

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
----	----	----	----

Document Number:

400158320

**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 05-123-17878-00 6. County: WELD  
7. Well Name: UPRC Well Number: 25-1117  
8. Location: QtrQtr: NESW Section: 25 Township: 4N Range: 67W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>NIOBARRA-CODELL</u>		Status: <u>PRODUCING</u>		
Treatment Date: <u>01/26/2011</u>		Date of First Production this formation: <u>02/07/1994</u>		
Perforations	Top: <u>6977</u>	Bottom: <u>7290</u>	No. Holes: <u>95</u>	Hole size: <u></u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
<div>Codell &amp; Niobrara are commingled Codell trfrac; nothing new happened in Niobrara Frac'd Codell w/128541 gals Vistar and Slick Water with 245000 lbs Ottawa sand</div>				
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<b>Test Information:</b>				
Date: <u>03/18/2011</u>	Hours: <u>24</u>	Bbls oil: <u>3</u>	Mcf Gas: <u>107</u>	Bbls H2O: <u>3</u>
Calculated 24 hour rate:		Bbls oil: <u>3</u>	Mcf Gas: <u>107</u>	Bbls H2O: <u>3</u> GOR: <u>35667</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>410</u>	Tubing PSI: <u>410</u>	Choke Size: <u>32/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1300</u>	API Gravity Oil: <u>0</u>	
Tubing Size: <u>2 + 1/16</u>	Tubing Setting Depth: <u>7233</u>	Tbg setting date: <u>02/01/2011</u>	Packer Depth: <u></u>	
Reason for Non-Production: <div></div>				
Date formation Abandoned: <u></u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u></u>				
Bridge Plug Depth: <u></u> Sacks cement on top: <u></u>				

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:  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: \_\_\_\_\_ Director of COGCC Date: \_\_\_\_\_

**Attachment Check List**

Att Doc Num	Name

Total Attach: 0 Files

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)