

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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COMPLETED INTERVAL REPORT

Document Number:

400165115

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: Justin Garrett
Phone: (303) 228-4449
Fax: (303) 228-4286

5. API Number 05-123-15422-00
6. County: WELD
7. Well Name: UPRC Well Number: 33-7F
8. Location: QtrQtr: SWNE Section: 33 Township: 4N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 03/21/2011 Date of First Production this formation: 02/25/1992

Perforations Top: 7003 Bottom: 7152 No. Holes: 220 Hole size:

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

Codell & Niobrara are commingled; sand plug removed form Codell 3/21/2011
Codell 7264'-7280', 128 holes
Niobrara 7003'-7152', 92 holes

This formation is commingled with another formation: Yes No

Test Information:

Date: 03/26/2011 Hours: 24 Bbls oil: 3 Mcf Gas: 70 Bbls H2O: 2

Calculated 24 hour rate: Bbls oil: 3 Mcf Gas: 70 Bbls H2O: 2 GOR: 23333

Test Method: Flowing Casing PSI: 440 Tubing PSI: 160 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1248 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7248 Tbg setting date: 03/21/2011 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: 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)