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|---|--|---|---|----|----|----|----|
| <b>FORM 5A</b><br>Rev 02/08   | <b>State of Colorado</b><br><b>Oil and Gas Conservation Commission</b><br>1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109 |                  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table><br>Document Number:<br><div style="border: 1px solid black; padding: 5px; text-align: center; margin-top: 10px;">400140552</div> | DE | ET | OE | ES |
| DE  | ET   | OE  | ES  |    |    |    |    |
| 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: <u>100322</u><br>2. Name of Operator: <u>NOBLE ENERGY INC</u><br>3. Address: <u>1625 BROADWAY STE 2200</u><br>City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>   |  | 4. Contact Name: <u>Andrea Rawson</u><br>Phone: <u>(303) 228-4253</u><br>Fax: <u>(303) 228-4286</u> |   |    |    |    |    |
| 5. API Number <u>05-123-13375-00</u><br>7. Well Name: <u>UPRR LEASE</u><br>8. Location: QtrQtr: <u>SESE</u> Section: <u>35</u> Township: <u>4N</u> Range: <u>65W</u> Meridian: <u>6</u><br>9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>  |  | 6. County: <u>WELD</u><br>Well Number: <u>G35-16 OCOMA</u>  |   |    |    |    |    |
| <u>Completed Interval</u>   |  |   |   |    |    |    |    |
| FORMATION: <u>NIOBRARA</u>  |  | Status: <u>TEMPORARILY ABANDONED</u>  |   |    |    |    |    |
| Treatment Date: <u>11/23/2010</u>   |  | Date of First Production this formation: _____  |   |    |    |    |    |
| Perforations Top: <u>6866</u>   | Bottom: <u>7016</u>  | No. Holes: <u>10</u>  | Hole size: _____  |    |    |    |    |
| Provide a brief summary of the formation treatment: _____   |  | Open Hole: <input type="checkbox"/>   |   |    |    |    |    |
| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  |   |   |    |    |    |    |
| <b>Test Information:</b>  |  |   |   |    |    |    |    |
| Date: _____   | Hours: _____   | Bbls oil: _____   | Mcf Gas: _____  |    |    |    |    |
| Calculated 24 hour rate: _____  |  | Bbls oil: _____   | Mcf Gas: _____  |    |    |    |    |
| 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: _____  |  |   |   |    |    |    |    |
| <div style="border: 1px solid black; padding: 2px;">Tri-Frac Codell will commingle later.</div>   |  |   |   |    |    |    |    |
| Date formation Abandoned: _____   |  | Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: <u>Andrea Rawson</u>  |   |    |    |    |    |
| Title: <u>Regulatory Specialist</u>   |  | Date: <u>3/8/2011</u> Email: <u>arawson@nobleenergyinc.com</u>                                      |   |    |    |    |    |

**Attachment Check List**

|             |                   |
|-------------|-------------------|
| Att Doc Num | Name              |
| 400140552   | FORM 5A SUBMITTED |

Total Attach: 1 Files

**General Comments**

| <b><u>User Group</u></b> | <b><u>Comment</u></b> | <b><u>Comment Date</u></b> |
|--------------------------|-----------------------|----------------------------|
|                          |                       |                            |

Total: 0 comment(s)