


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		<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> Document Number: <div style="border: 1px solid black; padding: 5px; text-align: center;">400140558</div>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT							
<p>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.</p>							
1. OGCC Operator Number: <u>100322</u> 2. Name of Operator: <u>NOBLE ENERGY INC</u> 3. Address: <u>1625 BROADWAY STE 2200</u> City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>		4. Contact Name: <u>Andrea Rawson</u> Phone: <u>(303) 228-4253</u> Fax: <u>(303) 228-4286</u>					
5. API Number <u>05-123-13375-00</u> 7. Well Name: <u>UPRR LEASE</u> 8. Location: QtrQtr: <u>SESE</u> Section: <u>35</u> Township: <u>4N</u> Range: <u>65W</u> Meridian: <u>6</u> 9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>		6. County: <u>WELD</u> Well Number: <u>G35-16 OCOMA</u>					
<u>Completed Interval</u>							
FORMATION: <u>NIORARA-CODELL</u>		Status: <u>PRODUCING</u>					
Treatment Date: <u>11/25/2010</u>		Date of First Production this formation: <u>01/06/2011</u>					
Perforations Top: <u>6866</u> Bottom: <u>7113</u>	No. Holes: <u>70</u>	Hole size: _____					
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>					
Codell perfs 7098-7113. Tri-Frac'd Codell w/ 129,259 gals of Vistar with 245,540#'s of Ottawa sand. Commingle Codell and Niobrara.							
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Test Information:							
Date: <u>01/14/2011</u> Hours: <u>24</u>	Bbls oil: <u>5</u> Mcf Gas: <u>161</u>	Bbls H2O: <u>5</u>					
Calculated 24 hour rate:	Bbls oil: <u>5</u> Mcf Gas: <u>161</u>	Bbls H2O: <u>5</u>	GOR: <u>32200</u>				
Test Method: <u>Flowing</u>	Casing PSI: <u>471</u>	Tubing PSI: <u>314</u>	Choke Size: <u>32</u>				
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1273</u>	API Gravity Oil: <u>63</u>				
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7051</u>	Tbg setting date: <u>11/08/2010</u>	Packer Depth: _____				
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></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: _____					

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: <u> NIOBRARA </u>		Status: <u> COMMINGLED </u>	
Treatment Date: <u> 11/25/2010 </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 checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <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
400140558	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)