

**FORM
5A**Rev
02/08State 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:

400154989

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 05-123-18494-00 6. County: WELD
7. Well Name: UPRC Well Number: 31-5H6
8. Location: QtrQtr: SWNW Section: 31 Township: 5N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>CODELL</u>		Status: <u>COMMINGLED</u>	
Treatment Date: <u>01/21/2011</u>		Date of First Production this formation: <u>01/13/1995</u>	
Perforations	Top: <u>7362</u> Bottom: <u>7378</u>	No. Holes: <u>73</u>	Hole size: <u></u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<div>Codell trifrac Frac'd Codell w/127785 gals Vistar and Slick Water with 244000 lbs Ottawa sand</div>			
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Test Information:			
Date: <u></u>	Hours: <u></u>	Bbls oil: <u></u>	Mcf Gas: <u></u> Bbls H2O: <u></u>
Calculated 24 hour rate:		Bbls oil: <u></u>	Mcf Gas: <u></u> Bbls H2O: <u></u> GOR: <u></u>
Test Method: <u></u>	Casing PSI: <u></u>	Tubing PSI: <u></u>	Choke Size: <u></u>
Gas Disposition: <u></u>	Gas Type: <u></u>	BTU Gas: <u></u>	API Gravity Oil: <u></u>
Tubing Size: <u></u>	Tubing Setting Depth: <u></u>	Tbg setting date: <u></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>	

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date:	01/13/2011	Date of First Production this formation:	01/13/1995
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Perforations	Top:	7054	Bottom:	7378	No. Holes:	80	Hole size:
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Provide a brief summary of the formation treatment: Open Hole: ☐

Codell & Niobrara are commingled; nothing new happened in Niobrara during Codell trfrac

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

Test Information:

Date:	03/11/2011	Hours:	24	Bbls oil:	5	Mcf Gas:	119	Bbls H2O:	2
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Calculated 24 hour rate:	Bbls oil:	5	Mcf Gas:	119	Bbls H2O:	2	GOR:	23800
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Test Method: Flowing	Casing PSI: 500	Tubing PSI: 450	Choke Size: 32/64
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Gas Disposition:	SOLD	Gas Type:	WET	BTU Gas:	1291	API Gravity Oil:	61
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Tubing Size: 2 + 1/16 Tubing Setting Depth: 7329 Tbg setting date: 01/26/2011 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: 4/19/2011 Email JDGarrett@nobleenergyinc.com

Att Doc Num	Name
400154989	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
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Total: 0 comment(s)