

**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:

400170938

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 05-123-15377-00 6. County: WELD
7. Well Name: UPRC Well Number: 27-9F
8. Location: QtrQtr: NESE Section: 27 Township: 4N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

| | | | |
|---|--------------------------------------|---|---|
| FORMATION: <u>CODELL</u> | | Status: <u>COMMINGLED</u> | |
| Treatment Date: <u>02/19/2011</u> | | Date of First Production this formation: <u>02/01/1992</u> | |
| Perforations | Top: <u>7259</u> Bottom: <u>7276</u> | No. Holes: <u>132</u> | Hole size: <u></u> |
| Provide a brief summary of the formation treatment: | | Open Hole: <input type="checkbox"/> | |
| <div>Codell trfrac Frac'd Codell w/127361 gals Vistar and Slick Water with 243160 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: 02/23/2011 | | Date of First Production this formation: 02/01/1992 | |
| Perforations | Top: 7033 | Bottom: 7276 | No. Holes: 158 |
| | | | Hole size: |
| Provide a brief summary of the formation treatment: | | | Open Hole: <input type="checkbox"/> |
| Codell & J Sand are commingled Nothing new happened in J Sand for Codell trfrac | | | |
| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Test Information: | | | |
| Date: 04/12/2011 | Hours: 24 | Bbls oil: 6 | Mcf Gas: 231 |
| | | Bbls H2O: 0 | |
| Calculated 24 hour rate: | Bbls oil: 6 | Mcf Gas: 231 | Bbls H2O: 0 |
| | | GOR: 3850 | |
| Test Method: Flowing | Casing PSI: 400 | Tubing PSI: 350 | Choke Size: 32/64 |
| Gas Disposition: SOLD | Gas Type: WET | BTU Gas: 1242 | API Gravity Oil: 64 |
| Tubing Size: 2 + 3/8 | Tubing Setting Depth: 7243 | Tbg setting date: 03/08/2011 | 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: Justin Garrett

Title: Regulatory Specialist Date: 6/2/2011 Email: JDGarrett@nobleenergyinc.com

Attachment Check List

| | |
|-------------|-------------------|
| Att Doc Num | Name |
| 400170938 | FORM 5A SUBMITTED |

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)