

**State of Colorado**  
**Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400197538

## 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	05-123-15802-00
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6. County: WELD

7. Well Name: UPRC

Well Number: 23-12A

8. Location: QtrQtr: NWSW Section: 23 Township: 5N Range: 64W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

### Completed Interval

FORMATION: NIOBRARA-CODELL

Status: PRODUCING

Treatment Date: 06/02/2011

Date of First Production this formation: 04/03/1993

Perforations	Top:	6446	Bottom:	6738	No. Holes:	336	Hole size:
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Provide a brief summary of the formation treatment:

Open Hole: ☐

Codell trifrac; nothing new happened in Niobrara  
Codell & Niobrara are commingled  
Codell 6723'-6738', 80 holes  
Frac'd Codell w/125932 gals Vistar and Slick Water with 244560 lbs Ottawa sand  
Niobrara 6446'-6631', 256 holes

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

**Test Information:**

Date:	07/15/2011	Hours:	24	Bbls oil:	12	Mcf Gas:	140	Bbls H2O:	1
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Calculated 24 hour rate:	Bbls oil:	12	Mcf Gas:	140	Bbls H2O:	1	GOR:	11667
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Test Method: Flowing	Casing PSI: 575	Tubing PSI: 500	Choke Size: 40/64
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Gas Disposition:	SOLD	Gas Type:	WET	BTU Gas:	1314	API Gravity Oil:	57
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Tubing Size: 2 + 3/8      Tubing Setting Depth: 6708      Tbg setting date: 06/07/2011      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**

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

Total: 0 comment(s)