

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



DE	ET	OE	ES
----	----	----	----

Document Number:

400229450

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
2. Name of Operator: NOBLE ENERGY INC
3. Address: 1625 BROADWAY STE 2200
City: DENVER State: CO Zip: 80202
4. Contact Name: Eileen Roberts
Phone: (303) 2284330
Fax: (303) 2284286

5. API Number 05-123-32768-00
6. County: WELD
7. Well Name: UPRC G
Well Number: 07-99HZ
8. Location: QtrQtr: NWSW Section: 8 Township: 4N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA	Status: PRODUCING
Treatment Date: 05/23/2011	Date of First Production this formation: 06/03/2011
Perforations Top: 7518 Bottom: 11530	No. Holes: 0 Hole size: 0
Provide a brief summary of the formation treatment: Open Hole: <input type="checkbox"/>	
Frac'd Niobrara w/ 3184275 gals of Silverstim and Slick Water with 4,664,799.9#s of Ottawa sand.	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: 06/14/2011 Hours: 24	Bbls oil: 296 Mcf Gas: 2737 Bbls H2O: 315
Calculated 24 hour rate:	Bbls oil: 296 Mcf Gas: 2737 Bbls H2O: 315 GOR: 9246
Test Method: FLOWING	Casing PSI: 2350 Tubing PSI: 0 Choke Size: 018/64
Gas Disposition: SOLD	Gas Type: WET BTU Gas: 1267 API Gravity Oil: 61
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: Eileen Roberts

Title: Regulatory Specialist Date: 12/6/2011 Email: eroberts@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400229450	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)