

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:

400232848

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: Andrea Rawson
Phone: (303) 228-4253
Fax: (303) 228-4286

5. API Number 05-123-16326-00
6. County: WELD
7. Well Name: UPRC
Well Number: 21-12G
8. Location: QtrQtr: NWSW Section: 21 Township: 4N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING
Treatment Date: 03/09/2011 Date of First Production this formation: 03/11/2011
Perforations Top: 6932 Bottom: 7238 No. Holes: 104 Hole size:
Provide a brief summary of the formation treatment: Open Hole: ☐
Commingled Codell and Niobrara.
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 03/15/2011 Hours: 24 Bbls oil: 20 Mcf Gas: 313 Bbls H2O: 5
Calculated 24 hour rate: Bbls oil: 20 Mcf Gas: 313 Bbls H2O: 5 GOR: 15650
Test Method: Flowing Casing PSI: 650 Tubing PSI: 450 Choke Size: 14
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1215 API Gravity Oil: 65
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7205 Tbg setting date: 03/08/2011 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: Andrea Rawson

Title: Regulatory Specialist Date: Email arawson@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)