

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Table with 4 columns: DE, ET, OE, ES

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Date Received:

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 05-123-13512-00
6. County: WELD
7. Well Name: UPRR OCOMA
Well Number: C 17-14
8. Location: QtrQtr: SESW Section: 17 Township: 4N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING
Treatment Date: 10/27/2011 Date of First Production this formation: 12/05/2011
Perforations Top: 6704 Bottom: 6910 No. Holes: 120 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: 12/08/2011 Hours: 24 Bbls oil: 25 Mcf Gas: 150 Bbls H2O: 24
Calculated 24 hour rate: Bbls oil: 25 Mcf Gas: 150 Bbls H2O: 24 GOR: 6000
Test Method: Flowing Casing PSI: 700 Tubing PSI: 190 Choke Size: 14
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1288 API Gravity Oil: 55
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6894 Tbg setting date: 12/03/2011 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

Attachment Check List

Att Doc Num	Name
400262735	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)