

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:

400115977

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

5. API Number 05-123-30908-00 6. County: WELD
7. Well Name: EHRlich N Well Number: 35-32D
8. Location: QtrQtr: SWNE Section: 34 Township: 5N Range: 67W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>06/11/2010</u>	Date of First Production this formation: <u>06/12/2010</u>
Perforations Top: <u>7576</u> Bottom: <u>7594</u>	No. Holes: <u>76</u> Hole size: <u>0.41</u>
Provide a brief summary of the formation treatment: Open Hole: <input type="checkbox"/>	
<div>Frac'd Codell w/ 133602 gals of Silverstim and Slick Water with 267,588#'s of Ottawa sand.</div>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>06/18/2010</u> Hours: <u>24</u> Bbls oil: <u>30</u> Mcf Gas: <u>199</u> Bbls H2O: <u>20</u>	
Calculated 24 hour rate: Bbls oil: <u>30</u> Mcf Gas: <u>199</u> Bbls H2O: <u>20</u> GOR: <u>6633</u>	
Test Method: <u>FLOWING</u> Casing PSI: <u>1980</u> Tubing PSI: <u>1910</u> Choke Size: <u>010/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1269</u> API Gravity Oil: <u>63</u>	
Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____	Packer Depth: _____
Reason for Non-Production: <div></div>	
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: _____ Email: eroberts@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

User Group	Comment	Comment Date

Total: 0 comment(s)