

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



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COMPLETED INTERVAL REPORT

Document Number:

400115977

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: JOHNSTOWN Field Code: 42600

Completed Interval

FORMATION: CODELL Status: PRODUCING

Treatment Date: 06/11/2010 Date of First Production this formation: 06/12/2010

Perforations Top: 7576 Bottom: 7594 No. Holes: 76 Hole size: 0.41

Provide a brief summary of the formation treatment: Open Hole: []

Frac'd Codell w/ 133602 gals of Silverstim and Slick Water with 267,588#'s of Ottawa sand.

This formation is commingled with another formation: [] Yes [X] No

Test Information:

Date: 06/18/2010 Hours: 24 Bbls oil: 30 Mcf Gas: 199 Bbls H2O: 20

Calculated 24 hour rate: Bbls oil: 30 Mcf Gas: 199 Bbls H2O: 20 GOR: 6633

Test Method: FLOWING Casing PSI: 1980 Tubing PSI: 1910 Choke Size: 010/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1269 API Gravity Oil: 63

Tubing Size: Tubing Setting Depth: Tbg setting date: 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: Eileen Roberts

Title: Regulatory Specialist Date: 12/13/2010 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: David S. Neslin Director of COGCC Date: 1/25/2011

Attachment Check List

Att Doc Num	Name
400115977	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)