

**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:

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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: Justin Garrett
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4449
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
City: DENVER State: CO Zip: 80202

5. API Number 05-123-20195-00 6. County: WELD
7. Well Name: EHRlich O Well Number: 12-2
8. Location: QtrQtr: NWNE Section: 12 Township: 4N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING
Treatment Date: 04/12/2011 Date of First Production this formation: 07/09/2003
Perforations Top: 7188 Bottom: 7205 No. Holes: 68 Hole size: 42/100
Provide a brief summary of the formation treatment: Open Hole: ☐
Codell trifrac
Frac'd Codell w/128056 gals Vistar and Slick Water with 245980 lbs Ottawa sand
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 05/26/2011 Hours: 24 Bbls oil: 5 Mcf Gas: 71 Bbls H2O: 2
Calculated 24 hour rate: Bbls oil: 5 Mcf Gas: 71 Bbls H2O: 2 GOR: 14200
Test Method: Flowing Casing PSI: 425 Tubing PSI: 404 Choke Size: 48/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1237 API Gravity Oil: 62
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7167 Tbg setting date: 04/15/2011 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: Justin GarrettTitle: Regulatory Specialist Date: _____ Email: JDGarrett@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)