

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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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  
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 05-123-34272-00  
6. County: WELD  
7. Well Name: Walcker  
Well Number: AB12-08  
8. Location: QtrQtr: SENE Section: 12 Township: 7N Range: 64W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 11/05/2011 Date of First Production this formation: 11/22/2011  
Perforations Top: 6680 Bottom: 6984 No. Holes: 84 Hole size:

Provide a brief summary of the formation treatment: Open Hole: ☐

Niobrara perms 6680-6819 (48 holes), Codell perms 6975-6984 (36 holes).  
Frac'd Niobrara/Codell with 273,473 gals of Slick Water, Silverstim, and 15% HCl with 499,041#'s of Ottawa sand.  
Commingled Codell and Niobrara.

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 12/02/2011 Hours: 24 Bbls oil: 17 Mcf Gas: 0 Bbls H2O: 25  
Calculated 24 hour rate: Bbls oil: 17 Mcf Gas: 0 Bbls H2O: 25 GOR: 0  
Test Method: Flowing Casing PSI: 261 Tubing PSI: 261 Choke Size: 48  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1225 API Gravity Oil: 40  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6667 Tbg setting date: 11/18/2011 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**

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

Total: 0 comment(s)