

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:

400260457

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 05-123-23489-00
6. County: WELD
7. Well Name: ERICKSON A
Well Number: 4-5
8. Location: QtrQtr: SWNW Section: 4 Township: 6N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL	Status: PRODUCING
Treatment Date: 09/12/2011	Date of First Production this formation: 10/05/2011
Perforations Top: 7087 Bottom: 7097	No. Holes: 40 Hole size:
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
Re-Frac'd Codell w/ 130,876 gals of Slick Water and Vistar with 244,487#'s of Ottawa sand. No perfs done to Niobrara.	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Test Information:	
Date: 10/14/2011 Hours: 24	Bbls oil: 10 Mcf Gas: 44 Bbls H2O: 3
Calculated 24 hour rate:	Bbls oil: 10 Mcf Gas: 44 Bbls H2O: 3 GOR: 4400
Test Method: Flowing	Casing PSI: 750 Tubing PSI: 600 Choke Size: 40
Gas Disposition: SOLD	Gas Type: WET BTU Gas: 1264 API Gravity Oil: 48
Tubing Size: 2 + 3/8	Tubing Setting Depth: 7071 Tbg setting date: 09/20/2011 Packer Depth:
Reason for Non-Production:	
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: Andrea Rawson
Title: Regulatory Specialist Date: Email: arawson@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400260459	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)