

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:
400143305

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: Justin Garrett
Phone: (303) 228-4449
Fax: (303) 228-4286

5. API Number 05-123-32549-00
6. County: WELD
7. Well Name: EHRlich STATE PC F
Well Number: 36-31D
8. Location: QtrQtr: SWNW Section: 36 Township: 5N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 01/28/2011 Date of First Production this formation: 01/29/2011
Perforations Top: 6804 Bottom: 7134 No. Holes: 108 Hole size: _____

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

Codell & Niobrara are commingled. The Codell is producing through composite flow through plug.
Codell 7119-7137, 60 holes, .42"
Frac'd Codell w/115119 gals Silverstim, Acid, and Slick Water with 245700 lbs Ottawa sand
Niobrara 6804-6940, 48 holes, .73"
Frac'd Niobrara w/154387 gals Silverstim and Slick Water with 239800 lbs Ottawa sand

This formation is commingled with another formation: Yes No

Test Information:

Date: 02/04/2011 Hours: 24 Bbls oil: 52 Mcf Gas: 306 Bbls H2O: 6
Calculated 24 hour rate: Bbls oil: 52 Mcf Gas: 306 Bbls H2O: 6 GOR: 5885
Test Method: Flowing Casing PSI: 1100 Tubing PSI: 0 Choke Size: 14/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1269 API Gravity Oil: 0
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: Justin Garrett

Title: Regulatory Specialist Date: 3/23/2011 Email JDGarrett@nobleenergyinc.com
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Attachment Check List

Att Doc Num	Name
400143305	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

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