

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

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.

Document Number:

400245026

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 05-123-32913-00

6. County: WELD

7. Well Name: ERICKSON PC

Well Number: G15-27D

8. Location: QtrQtr: SESE Section: 10 Township: 4N Range: 65W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J SANDStatus: PRODUCINGTreatment Date: 10/12/2011Date of First Production this formation: 10/17/2011Perforations Top: 7635 Bottom: 7670 No. Holes: 80 Hole size: 0.4

Provide a brief summary of the formation treatment:

Open Hole: ☐

Frac'd the J-Sand w/ 150247 gals of Silverstim and Slick Water with 282,000#'s of Ottawa sand.

The J-Sand is producing through a Composite Flow Through Plug.

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 10/21/2011 Hours: 24 Bbls oil: 43 Mcf Gas: 433 Bbls H2O: 0Calculated 24 hour rate: Bbls oil: 43 Mcf Gas: 433 Bbls H2O: 0 GOR: 10069Test Method: FLOWING Casing PSI: 1600 Tubing PSI: 0 Choke Size: 010/64Gas Disposition: SOLD Gas Type: WET BTU Gas: 1231 API Gravity Oil: 62

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: _____

FORMATION: NIOBRARA-CODELLStatus: PRODUCINGTreatment Date: 10/12/2011Date of First Production this formation: 10/17/2011Perforations Top: 6864 Bottom: 7179 No. Holes: 112 Hole size: 0

Provide a brief summary of the formation treatment:

Open Hole: ☐

Frac'd the Niobrara-Codell w/ 271452 gals of Silverstim and Slick Water with 498,000#'s of Ottawa sand.

The Codell is producing through a Composite Flow Through Plug.

Commingle the Niobrara and Codell.

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 10/21/2011 Hours: 24 Bbls oil: 43 Mcf Gas: 433 Bbls H2O: 0Calculated 24 hour rate: Bbls oil: 43 Mcf Gas: 433 Bbls H2O: 0 GOR: 10069Test Method: FLOWING Casing PSI: 1600 Tubing PSI: 0 Choke Size: 010/64Gas Disposition: SOLD Gas Type: WET BTU Gas: 1231 API Gravity Oil: 62

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: _____

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: _____

Director of COGCC

Date: _____

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)