

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:

400241614

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: Andrea Rawson
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4253
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
City: DENVER State: CO Zip: 80202

5. API Number 05-123-31709-00 6. County: WELD
7. Well Name: WALCKER AB Well Number: 12-12
8. Location: QtrQtr: NWSW Section: 12 Township: 7N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 10/31/2011 Date of First Production this formation: 11/29/2011

Perforations Top: 6723 Bottom: 7024 No. Holes: 84 Hole size:

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

Niobrara perms 6723-6869 (48 holes), Codell perms 7015-7024 (36 holes).
Frac'd Niobrara / Codell with 272,506 Slick Water, Silverstim, and 15% HCl with 495,300#'s of Ottawa sand.
Commingled Codell and Niobrara.

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

Test Information:

Date: 12/09/2011 Hours: 24 Bbls oil: 12 Mcf Gas: 20 Bbls H2O: 15

Calculated 24 hour rate: Bbls oil: 12 Mcf Gas: 20 Bbls H2O: 15 GOR: 1667

Test Method: Flowing Casing PSI: 225 Tubing PSI: 225 Choke Size: 30

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1225 API Gravity Oil: 39

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6703 Tbg setting date: 11/22/2011 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: 1/16/2012 Email arawson@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400241614	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

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