

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.

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: Eileen Roberts
 Phone: (303) 2284330
 Fax: (303) 2284286

5. API Number 05-123-33407-00
 6. County: WELD
 7. Well Name: BICKLING PC E
 Well Number: 02-33D
 8. Location: QtrQtr: SENE Section: 3 Township: 6N Range: 65W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 09/16/2011 Date of First Production this formation: 09/19/2011
 Perforations Top: 7120 Bottom: 7440 No. Holes: 104 Hole size: 0

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

Frac'd the Niobrara-Codell w/ 295117 gals of Silverstim and Slick Water with 492,600#'s of Ottawa sand.

Commingle the Niobrara and Codell.

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

Test Information:

Date: 11/11/2011 Hours: 24 Bbls oil: 26 Mcf Gas: 162 Bbls H2O: 13
 Calculated 24 hour rate: Bbls oil: 26 Mcf Gas: 162 Bbls H2O: 13 GOR: 6230
 Test Method: FLOWING Casing PSI: 1046 Tubing PSI: 797 Choke Size: 026/64
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1283 API Gravity Oil: 45
 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

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

Total: 0 comment(s)