

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:

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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 05-123-30633-00
6. County: WELD
7. Well Name: SHABLE USX AB
Well Number: 11-04P
8. Location: QtrQtr: NWNW Section: 11 Township: 7N Range: 64W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: LYONS Status: PRODUCING
Treatment Date: 04/19/2010 Date of First Production this formation: 04/26/2010
Perforations Top: 8800 Bottom: 8818 No. Holes: 72 Hole size: 42
Provide a brief summary of the formation treatment: _____ Open Hole: ☐
Did not Frac the Lyons
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 04/30/2010 Hours: 24 Bbls oil: 571 Mcf Gas: 0 Bbls H2O: 15
Calculated 24 hour rate: Bbls oil: 571 Mcf Gas: 0 Bbls H2O: 15 GOR: 0
Test Method: Flowing Casing PSI: 5 Tubing PSI: 5 Choke Size: 0
Gas Disposition: SOLD Gas Type: WET BTU Gas: 0 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: 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: _____