

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

COMPLETED INTERVAL REPORT

Document Number:

400100901

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: 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 05-123-30633-00 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

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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: \_\_\_\_\_