

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

Document Number:

2071538

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: JUSTIN GARRETT
 2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4449
 3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-30532-00 6. County: WELD
 7. Well Name: SHABLE Well Number: 1161-30-43
 8. Location: QtrQtr: SWSE Section: 30 Township: 11N Range: 61W Meridian: 6
 9. Field Name: GROVER Field Code: 33380

Completed Interval

FORMATION: J SAND Status: PRODUCING

Treatment Date: 07/06/2010 Date of First Production this formation: 07/20/2010

Perforations Top: 7602 Bottom: 7624 No. Holes: 88 Hole size: 42/100

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

FRAC'D J SAND W/168840 GALS VISTAR AND SLICK WATER WITH 370446 LBS OTTAWA SAND AND SB EXCEL.

This formation is commingled with another formation: Yes No

Test Information:

Date: 07/23/2010 Hours: 24 Bbls oil: 56 Mcf Gas: 14 Bbls H2O: 233

Calculated 24 hour rate: Bbls oil: 56 Mcf Gas: 14 Bbls H2O: 233 GOR: 250

Test Method: FLOWING Casing PSI: 90 Tubing PSI: 90 Choke Size: 64/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1400 API Gravity Oil: 40

Tubing Size: 2 + 7/8 Tubing Setting Depth: 7484 Tbg setting date: 08/13/2010 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: JUSTIN GARRETT

Title: REGULATORY SPECILIST Date: 9/20/2010 Email JDGARRETT@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: David S. Neslin Director of COGCC Date: 12/13/2010

Attachment Check List

Att Doc Num	Name
2071538	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)