

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 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 05-123-24321-00 6. County: WELD
7. Well Name: BASHOR Well Number: 17-11
8. Location: QtrQtr: NENE Section: 17 Township: 6N Range: 63W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>11/01/2010</u>	Date of First Production this formation: <u>09/19/2007</u>
Perforations Top: <u>6777</u> Bottom: <u>6787</u>	No. Holes: <u>40</u> Hole size: <u></u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>Codell refrac & Niobrara recomplete</u> <u>Frac'd Codell w/132613 gals Vistar, acid, and Slick Water with 245800 lbs Ottawa sand</u>	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Test Information:	
Date: <u></u> Hours: <u></u> Bbls oil: <u></u> Mcf Gas: <u></u> Bbls H2O: <u></u>	
Calculated 24 hour rate: <u></u> Bbls oil: <u></u> Mcf Gas: <u></u> Bbls H2O: <u></u> GOR: <u></u>	
Test Method: <u></u> Casing PSI: <u></u> Tubing PSI: <u></u> Choke Size: <u></u>	
Gas Disposition: <u></u> Gas Type: <u></u> BTU Gas: <u></u> API Gravity Oil: <u></u>	
Tubing Size: <u></u> Tubing Setting Depth: <u></u> Tbg setting date: <u></u> Packer Depth: <u></u>	
Reason for Non-Production: <u></u>	
Date formation Abandoned: <u></u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u></u>	
Bridge Plug Depth: <u></u> Sacks cement on top: <u></u>	

FORMATION: NIOBRARA-CODELL

Status: PRODUCING

Treatment Date: 11/01/2010

Date of First Production this formation: 11/18/2010

Perforations Top: 6496 Bottom: 6787 No. Holes: 88 Hole size:

Provide a brief summary of the formation treatment:

Open Hole: ☐Codell refrac & Niobrara recomplete
Codell & Niobrara are commingledThis formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**

Date: 11/19/2010 Hours: 24 Bbls oil: 5 Mcf Gas: 22 Bbls H2O: 9

Calculated 24 hour rate: Bbls oil: 5 Mcf Gas: 22 Bbls H2O: 9 GOR: 4400

Test Method: Flowing Casing PSI: 1287 Tubing PSI: 954 Choke Size: 36/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1270 API Gravity Oil: 45

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6760 Tbg setting date: 11/05/2010 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:

FORMATION: NIOBRARA

Status: COMMINGLED

Treatment Date: 11/01/2010

Date of First Production this formation: 11/18/2010

Perforations Top: 6496 Bottom: 6620 No. Holes: 48 Hole size: 73/100

Provide a brief summary of the formation treatment:

Open Hole: ☐Codell refrac & Niobrara recomplete
Frac'd Niobrara w/174720 gals Vistar and Slick Water with 250400 lbs Ottawa sandThis formation is commingled with another formation: ☒ Yes ☐ No**Test Information:**

Date: Hours: Bbls oil: Mcf Gas: Bbls H2O:

Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H2O: GOR:

Test Method: Casing PSI: Tubing PSI: Choke Size:

Gas Disposition: Gas Type: BTU Gas: API Gravity Oil:

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: Justin Garrett

Title: Regulatory Specialist

Date: _____

Email JDGarrett@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: _____

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)