

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:

400109962

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 05-123-31318-00
6. County: WELD
7. Well Name: Shable USX AB
Well Number: 11-12P
8. Location: QtrQtr: NWSW Section: 11 Township: 7N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING
Treatment Date: 09/22/2010 Date of First Production this formation: 11/05/2010
Perforations Top: 6742 Bottom: 7064 No. Holes: 96 Hole size: 0
Provide a brief summary of the formation treatment: Open Hole: []
Frac'd Niobrara / Codell w/ 307692 gals of Silverstim and Slick Water with 524,435#s of Ottawa sand.
Commingled Niobrara / Codell
This formation is commingled with another formation: [] Yes [X] No
Test Information:
Date: 11/09/2010 Hours: 24 Bbls oil: 59 Mcf Gas: 82 Bbls H2O: 31
Calculated 24 hour rate: Bbls oil: 59 Mcf Gas: 82 Bbls H2O: 31 GOR: 1390
Test Method: FLOWING Casing PSI: 195 Tubing PSI: 195 Choke Size: 036/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1349 API Gravity Oil: 39
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: 11/18/2010 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: David S. Neslin Director of COGCC Date: 1/18/2011

Attachment Check List

Att Doc Num	Name
400109962	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

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