

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:

400110513

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 05-123-31318-00 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:

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

Codell & Niobrara are commingled
Niobrara 6742'-6887', 48 holes, .73"
Frac'd Niobrara w/ 173838 gals Silverstim and Slick Water with 250863 lbs Ottawa sand
Codell 7052'-7064', 48 holes, .41"
Frac'd Codell w/133854 gals Silverstim, Acid, and Slick Water with 273572 lbs Ottawa sand

This formation is commingled with another formation: ☐ Yes ☒ 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: 36/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1349 API Gravity Oil: 39

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7132 Tbg setting date: 10/12/2010 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 Specialist

Date: 12/2/2010

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: *David S. Neslin*

Director of COGCC

Date: 1/18/2011

Attachment Check List

Att Doc Num	Name
400110513	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)