

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:
400112386

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 05-123-31051-00
6. County: WELD
7. Well Name: SHABLE USX AB
Well Number: 11-16P
8. Location: QtrQtr: SESE Section: 11 Township: 7N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 10/22/2010 Date of First Production this formation: 11/10/2010

Perforations Top: 6744 Bottom: 7055 No. Holes: 92 Hole size: 0

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

Frac'd Niobrara-Codell w/ 308070 gals of Silverstim and Slick Water with 521,940#'s of Ottawa sand.
Commingled Niobrara / Codell

This formation is commingled with another formation: Yes No

Test Information:

Date: 11/15/2010 Hours: 24 Bbls oil: 21 Mcf Gas: 2 Bbls H2O: 46

Calculated 24 hour rate: Bbls oil: 21 Mcf Gas: 2 Bbls H2O: 46 GOR: 95

Test Method: FLOWING Casing PSI: 50 Tubing PSI: 50 Choke Size: 048/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1349 API Gravity Oil: 40

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: 11/30/2010 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: 1/20/2011

Attachment Check List

Att Doc Num	Name
400112386	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

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

Total: 0 comment(s)