

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:

400112973

**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: Eileen Roberts  
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 2284330  
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 2284286  
City: DENVER State: CO Zip: 80202

5. API Number 05-123-31319-00 6. County: WELD  
7. Well Name: SHABLE USX AB Well Number: 11-09P  
8. Location: QtrQtr: NESE Section: 11 Township: 7N Range: 64W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

|   |  |
|---|--|
| FORMATION: <u>NIOBARRA-CODELL</u>   | Status: <u>PRODUCING</u>                                   |
| Treatment Date: <u>10/27/2010</u>   | Date of First Production this formation: <u>11/17/2010</u> |
| Perforations Top: <u>6739</u> Bottom: <u>7044</u>   | No. Holes: <u>88</u> Hole size: <u>0</u>                   |
| Provide a brief summary of the formation treatment:   | Open Hole: <input type="checkbox"/>                        |
| <u>Frac'd Niobrara-Codell w/ 309548 gals of Silverstim and Slick Water with 520,518#'s of Ottawa sand.</u>                          |  |
| <u>Commingled Niobrara / Codell</u>   |  |
| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No            |  |
| <b>Test Information:</b>  |  |
| Date: <u>11/19/2010</u> Hours: <u>24</u> Bbls oil: <u>5</u> Mcf Gas: <u>5</u> Bbls H2O: <u>45</u>                                   |  |
| Calculated 24 hour rate: Bbls oil: <u>5</u> Mcf Gas: <u>5</u> Bbls H2O: <u>45</u> GOR: <u>1000</u>                                  |  |
| Test Method: <u>FLOWING</u> Casing PSI: <u>400</u> Tubing PSI: <u>200</u> Choke Size: <u>048/64</u>                                 |  |
| Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1308</u> API Gravity Oil: <u>56</u>                                   |  |
| Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____  |  |
| Reason for Non-Production: _____  |  |
| Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: 12/1/2010 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              |
|-------------|-------------------|
| 400112973   | FORM 5A SUBMITTED |

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)