

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:

400118841

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

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| 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> | |

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|---|-----------------------------------|---|---|--------------------|------------------|
| FORMATION: <u>NIOBRARA-CODELL</u> | | | Status: <u>PRODUCING</u> | | |
| Treatment Date: <u>11/01/2010</u> | | Date of First Production this formation: <u>11/18/2010</u> | | | |
| Perforations | Top: <u>6496</u> | Bottom: <u>6787</u> | No. Holes: <u>88</u> | Hole size: _____ | |
| Provide a brief summary of the formation treatment: | | | Open Hole: <input type="checkbox"/> | | |
| <div style="border: 1px solid black; padding: 2px;"> Codell refrac & Niobrara recomplete Codell & Niobrara are commingled </div> | | | | | |
| This formation is commingled with another formation: | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Test Information: | | | | | |
| Date: <u>11/19/2010</u> | Hours: <u>24</u> | Bbls oil: <u>5</u> | Mcf Gas: <u>22</u> | Bbls H2O: <u>9</u> | |
| Calculated 24 hour rate: | | Bbls oil: <u>5</u> | Mcf Gas: <u>22</u> | Bbls H2O: <u>9</u> | GOR: <u>4400</u> |
| Test Method: <u>Flowing</u> | Casing PSI: <u>1287</u> | Tubing PSI: <u>954</u> | Choke Size: <u>36/64</u> | | |
| Gas Disposition: <u>SOLD</u> | Gas Type: <u>WET</u> | BTU Gas: <u>1270</u> | API Gravity Oil: <u>45</u> | | |
| Tubing Size: <u>2 + 3/8</u> | Tubing Setting Depth: <u>6760</u> | Tbg setting date: <u>11/05/2010</u> | 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: _____ | | | |

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|---|-----------------------------|---|---|--------------------------|------------|
| FORMATION: <u>NIOBRARA</u> | | | Status: <u>COMMINGLED</u> | | |
| Treatment Date: <u>11/01/2010</u> | | Date of First Production this formation: <u>11/18/2010</u> | | | |
| Perforations | Top: <u>6496</u> | Bottom: <u>6620</u> | No. Holes: <u>48</u> | Hole size: <u>73/100</u> | |
| Provide a brief summary of the formation treatment: | | | Open Hole: <input type="checkbox"/> | | |
| <div style="border: 1px solid black; padding: 2px;"> Codell refrac & Niobrara recomplete Frac'd Niobrara w/174720 gals Vistar and Slick Water with 250400 lbs Ottawa sand </div> | | | | | |
| This formation is commingled with another formation: | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, number of sacks cmt _____ | | |
| Bridge Plug Depth: _____ | | Sacks cement on top: _____ | | | |

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| Comment: |
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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: 12/23/2010

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: 1/21/2011

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 400118841 | FORM 5A SUBMITTED |

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)