

**FORM  
5A**Rev  
02/08State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

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**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 05-123-24323-00 6. County: WELD  
7. Well Name: BASHOR PC Well Number: AA17-15  
8. Location: QtrQtr: SWSE Section: 17 Township: 6N Range: 63W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>NIOBRARA-CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>12/17/2010</u>	Date of First Production this formation: <u>12/20/2010</u>
Perforations Top: <u>6482</u> Bottom: <u>6772</u>	No. Holes: <u>96</u> Hole size: <u>0</u>
Provide a brief summary of the formation treatment: Open Hole: <input type="checkbox"/>	
frac'd Niobrara-Codell w/308166 gals of Silverstim and Slick Water with 518,860#s of Ottawa sand.	
The Codell is producing through a Composite Flow Through Plug.	
Commingled the Niobrara and Codell.	

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**

Date: 12/30/2010 Hours: 24 Bbls oil: 86 Mcf Gas: 196 Bbls H2O: 19  
Calculated 24 hour rate: Bbls oil: 86 Mcf Gas: 196 Bbls H2O: 19 GOR: 2279  
Test Method: FLOWING Casing PSI: 450 Tubing PSI: 0 Choke Size: 012/64  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1285 API Gravity Oil: 47  
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: \_\_\_\_\_

Email eroberts@nobleenergyinc.com

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### **Attachment Check List**

Att Doc Num	Name

Total Attach: 0 Files

### **General Comments**

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

Total: 0 comment(s)