

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



DE ET OE ES

Document Number:

400147609

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: Andrea Rawson
 2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4253
 3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-32357-00 6. County: WELD
 7. Well Name: BASHOR PC AA Well Number: 17-17
 8. Location: QtrQtr: SWNE Section: 17 Township: 6N Range: 63W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 12/22/2010 Date of First Production this formation: 12/24/2010

Perforations Top: 6496 Bottom: 6784 No. Holes: 92 Hole size: _____

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

Niobrara perms 6496-6615, Codell perms 6773-6784. Frac 'd Niobrara and Codell w/ 305,446 gals of Slick Water and Silverstim with 517,860#'s of Ottawa sand. Commingle Codell and Niobrara.

This formation is commingled with another formation: Yes No

Test Information:

Date: 01/01/2011 Hours: 24 Bbls oil: 37 Mcf Gas: 112 Bbls H2O: 10

Calculated 24 hour rate: Bbls oil: 37 Mcf Gas: 112 Bbls H2O: 10 GOR: 3027

Test Method: Flowing Casing PSI: 900 Tubing PSI: 0 Choke Size: 14

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1270 API Gravity Oil: 48

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: Andrea Rawson

Title: Regulatory Specialist

Date: _____

Email arawson@nobleenergyinc.com

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Attachment Check List

Att Doc Num	Name
400147609	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)