

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:

400158302

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 05-123-13213-00 6. County: WELD
7. Well Name: SHANNON Well Number: 14-3
8. Location: QtrQtr: NWNW Section: 14 Township: 5N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING
Treatment Date: 10/08/2010 Date of First Production this formation: 01/09/1987
Perforations Top: 6930 Bottom: 7266 No. Holes: 175 Hole size:
Provide a brief summary of the formation treatment: Open Hole: ☐
Niobrara refrac
Frac'd Niobrara w/164430 gals Vistar, Acid, and Slick Water with 216559 lbs Ottawa sand
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 11/26/2010 Hours: 24 Bbls oil: 4 Mcf Gas: 0 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 4 Mcf Gas: 0 Bbls H2O: 0 GOR: 0
Test Method: Flowing Casing PSI: 794 Tubing PSI: 644 Choke Size: 22/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1302 API Gravity Oil: 52
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7222 Tbg setting date: 10/15/2010 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: Justin Garrett
Title: Regulatory Specialist Date: Email JDGarrett@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: _____ Director of COGCC Date: _____

Attachment Check List

| Att Doc Num | Name |
|-------------|------|
| | |

Total Attach: 0 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
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Total: 0 comment(s)