

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:

400170739

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 05-123-12791-00 | 6. County: WELD |
| 7. Well Name: SHELTON R G | Well Number: 26-8 |
| 8. Location: QtrQtr: SENE Section: 26 Township: 4N Range: 65W Meridian: 6 | |
| 9. Field Name: WATTENBERG | Field Code: 90750 |

Completed Interval

FORMATION: CODELLStatus: COMMINGLEDTreatment Date: 02/24/2011Date of First Production this formation: 12/21/1985Perforations Top: 7044 Bottom: 7057 No. Holes: 83 Hole size: _____

Provide a brief summary of the formation treatment:

Open Hole: ☐

Codell trfrac; nothing new happened in Niobrara
Frac'd Codell w/127492 gals Vistar and Slick Water with 245500 lbs Ottawa sand

This formation is commingled with another formation: ☒ Yes ☐ 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: ☐ Yes ☐ No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: NIOBRARA-CODELLStatus: PRODUCINGTreatment Date: 02/24/2011Date of First Production this formation: 12/21/1985Perforations Top: 6764 Bottom: 7057 No. Holes: 93 Hole size: _____

Provide a brief summary of the formation treatment:

Open Hole: ☐

Codell trfrac; nothing new happened in Niobrara
Codell & Niobrara are commingled

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 04/15/2011 Hours: 24 Bbls oil: 9 Mcf Gas: 263 Bbls H2O: 3Calculated 24 hour rate: _____ Bbls oil: 9 Mcf Gas: 263 Bbls H2O: 3 GOR: 29222Test Method: Flowing Casing PSI: 500 Tubing PSI: 480 Choke Size: 26/64Gas Disposition: SOLD Gas Type: WET BTU Gas: 1268 API Gravity Oil: 64Tubing Size: 2 + 3/8 Tubing Setting Depth: 7023 Tbg setting date: 03/05/2011 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 GarrettTitle: Regulatory Specialist

Date: _____

JDGarrett@nobleenergyinc.com

Email
:

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> |
|-------------------|----------------|---------------------|
| | | |

Total: 0 comment(s)