

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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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 05-123-33519-00 6. County: WELD
 7. Well Name: Shelton G Well Number: 25-22
 8. Location: QtrQtr: SENE Section: 25 Township: 4N Range: 65W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 10/19/2011 Date of First Production this formation: 10/25/2011

Perforations Top: 6817 Bottom: 7115 No. Holes: 112 Hole size: _____

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

Niobrara perms 6817-6913 (48 holes). Codell perms 7099-7115 (64 holes).
Frac'd Codell/Niobrara w/ 274,909 gals of Slick Water, Silverstim, and 15% HCl with 494,000#'s of Ottawa sand.
Commingle Codell and Niobrara.

This formation is commingled with another formation: Yes No

Test Information:

Date: 10/28/2011 Hours: 24 Bbls oil: 51 Mcf Gas: 430 Bbls H2O: 59

Calculated 24 hour rate: Bbls oil: 51 Mcf Gas: 430 Bbls H2O: 59 GOR: 8431

Test Method: Flowing Casing PSI: 900 Tubing PSI: 0 Choke Size: 12

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1284 API Gravity Oil: 62

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

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)