

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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COMPLETED INTERVAL REPORT

Document Number: 400231404

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

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: WATTENBERG Field Code: 90750

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 [X] 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: 12/12/2011 Email arawson@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400231404	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

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