

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

Document Number:

400120713

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: Eileen Roberts
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 2284330
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 2284286
City: DENVER State: CO Zip: 80202

5. API Number 05-123-28014-00 6. County: WELD
7. Well Name: SHABLE Well Number: 14-22
8. Location: QtrQtr: NWNW Section: 14 Township: 7N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING
Treatment Date: 08/26/2010 Date of First Production this formation: 11/10/2010
Perforations Top: 6808 Bottom: 7074 No. Holes: 120 Hole size: 0
Provide a brief summary of the formation treatment: Open Hole: []
Frac'd Niobrara-Codell w/ 405510 gals of Silverstim and Slick Water with 682,540#'s of Ottawa sand.
Commingle Niobrara-Codell
This formation is commingled with another formation: [] Yes [X] No
Test Information:
Date: 11/19/2010 Hours: 24 Bbls oil: 33 Mcf Gas: 60 Bbls H2O: 24
Calculated 24 hour rate: Bbls oil: 33 Mcf Gas: 60 Bbls H2O: 24 GOR: 1818
Test Method: FLOWING Casing PSI: 200 Tubing PSI: 200 Choke Size: 048/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1296 API Gravity Oil: 41
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: Eileen Roberts

Title: Regulatory Specialist

Date: _____

Email eroberts@nobleenergyinc.com

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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

User Group	Comment	Comment Date

Total: 0 comment(s)