

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



DE ET OE ES

Document Number:
400164222

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
2. Name of Operator: NOBLE ENERGY INC
3. Address: 1625 BROADWAY STE 2200
City: DENVER State: CO Zip: 80202
4. Contact Name: Justin Garrett
Phone: (303) 228-4449
Fax: (303) 228-4286

5. API Number 05-123-23443-00
6. County: WELD
7. Well Name: BASHOR Well Number: 17-13
8. Location: QtrQtr: SWNE Section: 17 Township: 6N Range: 63W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: TEMPORARILY ABANDONED
Treatment Date: 01/13/2011 Date of First Production this formation: 03/06/2007
Perforations Top: 6760 Bottom: 6772 No. Holes: 48 Hole size: _____
Provide a brief summary of the formation treatment: _____ Open Hole:
Codell under sand plug for Niobrara recomplate
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:
Sand plug set 6652' 1/13/2011
Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____
Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: NIORARA Status: PRODUCING

Treatment Date: 01/25/2011 Date of First Production this formation: 01/27/2011

Perforations Top: 6478 Bottom: 6602 No. Holes: 64 Hole size: 73/100

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

Niobrara recomplete
Frac'd Niobrara w/161294 gals Silverstim, Acid, and Slick Water with 241500 lbs Ottawa sand

This formation is commingled with another formation: Yes No

Test Information:

Date: 02/04/2011 Hours: 24 Bbls oil: 41 Mcf Gas: 260 Bbls H2O: 7

Calculated 24 hour rate: Bbls oil: 41 Mcf Gas: 260 Bbls H2O: 7 GOR: 6341

Test Method: Flowing Casing PSI: 340 Tubing PSI: 0 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1292 API Gravity Oil: 48

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: Justin Garrett

Title: Regulatory Specialist Date: 5/16/2011 Email JDGarrett@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400164222	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)