

**FORM
5A**Rev
02/08State 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:

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 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 05-123-23443-00 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

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|--|---|
| FORMATION: <u>CODELL</u> | Status: <u>TEMPORARILY ABANDONED</u> |
| Treatment Date: <u>01/13/2011</u> | Date of First Production this formation: <u>03/06/2007</u> |
| Perforations Top: <u>6760</u> Bottom: <u>6772</u> | No. Holes: <u>48</u> Hole size: <u> </u> |
| Provide a brief summary of the formation treatment: | Open Hole: <input type="checkbox"/> |
| <u>Codell under sand plug for Niobrara recomple</u> | |
| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Test Information: | |
| Date: <u> </u> Hours: <u> </u> | Bbls oil: <u> </u> Mcf Gas: <u> </u> Bbls H2O: <u> </u> |
| Calculated 24 hour rate: | Bbls oil: <u> </u> Mcf Gas: <u> </u> Bbls H2O: <u> </u> GOR: <u> </u> |
| Test Method: <u> </u> | Casing PSI: <u> </u> Tubing PSI: <u> </u> Choke Size: <u> </u> |
| Gas Disposition: <u> </u> | Gas Type: <u> </u> BTU Gas: <u> </u> API Gravity Oil: <u> </u> |
| Tubing Size: <u> </u> | Tubing Setting Depth: <u> </u> Tbg setting date: <u> </u> Packer Depth: <u> </u> |
| Reason for Non-Production: | |
| <u>Sand plug set 6652' 1/13/2011</u> | |
| Date formation Abandoned: <u> </u> | Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u> </u> |
| Bridge Plug Depth: <u> </u> | Sacks cement on top: <u> </u> |

FORMATION: NIOBRARA 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

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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)