

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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Document Number:

400165035

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 05-123-12367-00 6. County: WELD
7. Well Name: SHELTON RG Well Number: 26-1
8. Location: QtrQtr: NENE Section: 26 Township: 4N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 02/17/2011 Date of First Production this formation: 04/12/1985
Perforations Top: 6746 Bottom: 7041 No. Holes: 83 Hole size:

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

Codell & Niobrara are commingled
Codell trifrac; nothing new happened in Niobrara
Codell 7024'-7041', 73 holes
Frac'd Codell w/128783 gals Vistar and Slick Water with 245260 lbs Ottawa sand
Niobrara 6746'-6913', 10 holes

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 04/01/2011 Hours: 24 Bbls oil: 5 Mcf Gas: 114 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 5 Mcf Gas: 114 Bbls H2O: 0 GOR: 22800
Test Method: Flowing Casing PSI: 390 Tubing PSI: 370 Choke Size: 34/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1275 API Gravity Oil: 65
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7006 Tbg setting date: 02/23/2011 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 |
|-------------|-------------------|
| 400165035 | FORM 5A SUBMITTED |

Total Attach: 1 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
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Total: 0 comment(s)