

**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



DE ET OE ES

Document Number:

400159696

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 05-123-32304-00 6. County: WELD
7. Well Name: SHELTON PC D Well Number: 06-32D
8. Location: QtrQtr: NESW Section: 6 Township: 3N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>NIORARA-CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>03/02/2011</u>	Date of First Production this formation: <u>03/10/2011</u>
Perforations Top: <u>7344</u> Bottom: <u>7569</u>	No. Holes: <u>104</u> Hole size: <u></u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<p>Codell & Niobrara are commingled; the Codell is producing through a composite flow through plug Codell 7555'-7569', 56 holes, .41" Frac'd Codell w/151122 gals Silverstim, Acid, and Slick Water with 245000 lbs Ottawa sand Niobrara 7344'-7440', 48 holes, .70" Frac'd Niobrara w/152883 gals Silverstim and Slick Water with 251000 lbs Ottawa sand</p>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>03/18/2011</u> Hours: <u>24</u> Bbls oil: <u>2</u> Mcf Gas: <u>55</u> Bbls H2O: <u>2</u>	
Calculated 24 hour rate: Bbls oil: <u>2</u> Mcf Gas: <u>55</u> Bbls H2O: <u>2</u> GOR: <u>27500</u>	
Test Method: <u>Flowing</u> Casing PSI: <u>1500</u> Tubing PSI: <u>0</u> Choke Size: <u>16/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1228</u> API Gravity Oil: <u>0</u>	
Tubing Size: <u></u> Tubing Setting Depth: <u></u> Tbg setting date: <u></u> Packer Depth: <u></u>	
Reason for Non-Production: <u></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>	

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: 5/11/2011

Email: JDGarrett@nobleenergyinc.com

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Attachment Check List

Att Doc Num	Name
400159696	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)