

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:

400161425

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 05-123-32508-00 6. County: WELD
 7. Well Name: BASHOR PC AA Well Number: 09-14
 8. Location: QtrQtr: SESW Section: 9 Township: 6N Range: 63W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING
 Treatment Date: 03/09/2011 Date of First Production this formation: 03/22/2011
 Perforations Top: 6467 Bottom: 6479 No. Holes: 48 Hole size: _____
 Provide a brief summary of the formation treatment: _____ Open Hole:
 Codell & Niobrara are commingled
 Codell 6740'-6750', 40 holes, .40"
 Frac'd 116185 gals Silverstim and Acid with 244760 lbs Ottawa sand
 Niobrara 6467'-6583', 48 holes, .73"
 Frac'd Niobrara w/153472 gals Silverstim with 250800 lbs Ottawa sand
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 03/25/2011 Hours: 24 Bbls oil: 45 Mcf Gas: 34 Bbls H2O: 12
 Calculated 24 hour rate: _____ Bbls oil: 45 Mcf Gas: 34 Bbls H2O: 12 GOR: 756
 Test Method: Flowing Casing PSI: 1479 Tubing PSI: 980 Choke Size: 24/64
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1285 API Gravity Oil: 46
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 6730 Tbg setting date: 03/18/2011 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: _____ Email: JDGarrett@nobleenergyinc.com

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

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

Total: 0 comment(s)