

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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COMPLETED INTERVAL REPORT

Document Number: 400161425

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 05-123-32508-00
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: 6750 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 [X] 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

Attachment Check List

Att Doc Num	Name
400161425	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)