

FORM
5A

Rev
02/08

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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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
2. Name of Operator: NOBLE ENERGY INC
3. Address: 1625 BROADWAY STE 2200
City: DENVER State: CO Zip: 80202
4. Contact Name: Liz Lindow
Phone: (303) 228-4342
Fax: (303) 228-4286

5. API Number 05-123-33997-00
6. County: WELD
7. Well Name: SHAKLEE USX
Well Number: X25-20D
8. Location: QtrQtr: SENW Section: 25 Township: 2N Range: 65W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: J-NIOBRARA-CODELL	Status: PRODUCING
Treatment Date: 12/09/2011	Date of First Production this formation: 01/19/2012
Perforations Top: 7071 Bottom: 7791	No. Holes: 156 Hole size: 0
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
419696 gals silverstim; 598780 lbs Ottawa sand proppant; 13200 lbs SB Excel	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Test Information:	
Date: 01/27/2012 Hours: 8	Bbls oil: 2 Mcf Gas: 6 Bbls H2O: 1
Calculated 24 hour rate:	Bbls oil: 2 Mcf Gas: 6 Bbls H2O: 1 GOR: 3000
Test Method: Flowing	Casing PSI: 220 Tubing PSI: 0 Choke Size: 12/64
Gas Disposition: SOLD	Gas Type: WET BTU Gas: 1286 API Gravity Oil: 46
Tubing Size:	Tubing Setting Depth: Tbg setting date: Packer Depth:
Reason for Non-Production:	
Date formation Abandoned: Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: Liz Lindow

Title: Regulatory Analyst Date: Email: llindow@nobleenergyinc.com

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)