

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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Date Received:

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

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:
419696 gals silverstim; 598780 lbs Ottawa sand proppant; 13200 lbs SB Excel
 This formation is commingled with another formation: Yes 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: 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: 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)