

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



Table with columns DE, ET, OE, ES

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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
2. Name of Operator: NOBLE ENERGY INC
3. Address: 1625 BROADWAY STE 2200
City: DENVER State: CO Zip: 80202
4. Contact Name: JEAN MUSE-REYNOLDS
Phone: (303) 228-4316
Fax: (303) 228-4286

5. API Number 05-123-33989-00
6. County: WELD
7. Well Name: SHAKLEE USX
Well Number: X25-06
8. Location: QtrQtr: SENW Section: 25 Township: 2N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 01/17/2012 Date of First Production this formation: 01/19/2012

Perforations Top: 6938 Bottom: 7184 No. Holes: 96 Hole size: 0.72

Provide a brief summary of the formation treatment: Open Hole: [ ]

CODELL-PUMPED 265,977# PREFERRED ROCK AND 129,719 GALS OF 15% HCL AND SLICK/GELLED H2O. NIOBRARA-PUMPED 264,280# OTTAWA 30/50 SAND AND 163,931 GALS OF FRESH/SLICK/GELLED H2O.

CODELL IS PRODUCING THROUGH A COMPOSITE FLOW THROUGH PLUG.

This formation is commingled with another formation: [ ] Yes [X] No

Test Information:

Date: 01/27/2012 Hours: 8 Bbls oil: 16 Mcf Gas: 52 Bbls H2O: 8

Calculated 24 hour rate: Bbls oil: 16 Mcf Gas: 52 Bbls H2O: 8 GOR: 3250

Test Method: FLOWING Casing PSI: 600 Tubing PSI: 0 Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1257 API Gravity Oil: 48

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: JEAN MUSE-REYNOLDS

Title: REGULATORY COMPLIANCE Date: jmuse@nobleenergyinc.com

Email  
:

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### **Attachment Check List**

<b>Att Doc Num</b>	<b>Name</b>

Total Attach: 0 Files

### **General Comments**

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

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