

FORM 5A Rev 06/12

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

Document Number: 400268084 Date Received: 05/03/2012

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: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J-NIOBRARA-CODELL Status: PRODUCING Treatment Type:

Treatment Date: 12/09/2011 End Date: 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: [X] Yes [] No

Total fluid used in treatment (bbl): Max pressure during treatment (psi): Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): Type of gas used in treatment: Max frac gradient (psi/ft): Total acid used in treatment (bbl): Number of staged intervals: Recycled water used in treatment (bbl): Flowback volume recovered (bbl): Fresh water used in treatment (bbl): Disposition method for flowback: Total proppant used (lbs): Rule 805 green completion techniques were utilized: []

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 01/27/2012 Hours: 8 Bbl oil: 2 Mcf Gas: 6 Bbl H2O: 1

Calculated 24 hour rate: Bbl oil: 2 Mcf Gas: 6 Bbl 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: ** Wireline and Cement Job Summary must be attached.

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: 5/3/2012 Email: llindow@nobleenergyinc.com
:

Attachment Check List

Att Doc Num	Name
400268084	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Off Hold. Received additional form 5A with missing information.	3/7/2012 9:05:10 AM
Permit	On Hold. Missing seperated formation tabs.	7/26/2012 10:39:06 AM

Total: 2 comment(s)