

**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



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Document Number:  
400273025

Date Received:  
05/18/2012

**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: <u>100322</u>	4. Contact Name: <u>JEAN MUSE-REYNOLDS</u>
2. Name of Operator: <u>NOBLE ENERGY INC</u>	Phone: <u>(303) 228-4316</u>
3. Address: <u>1625 BROADWAY STE 2200</u>	Fax: <u>(303) 228-4286</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

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

### Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type: \_\_\_\_\_  
Treatment Date: 01/17/2012 End Date: \_\_\_\_\_ 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  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: 16 Mcf Gas: 52 Bbl H2O: 8  
Calculated 24 hour rate: Bbl oil: 16 Mcf Gas: 52 Bbl H2O: 8 GOR: 3250  
Test Method: FLOWING Casing PSI: 600 Tubing PSI: \_\_\_\_\_ 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: \_\_\_\_\_ \*\* 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: JEAN MUSE-REYNOLDS

Title: REGULATORY COMPLIANCE Date: 5/18/2012 Email: jmuse@nobleenergyinc.com

### Attachment Check List

Att Doc Num	Name
400273025	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

<b>User Group</b>	<b>Comment</b>	<b>Comment Date</b>
Permit	received additional panels for NB & CD. ok to pass.	9/4/2012 2:13:22 PM
Permit	ON HOLD: requesting additional panels for NB & CD.	8/17/2012 8:55:59 AM

Total: 2 comment(s)