

FORM
5A

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:
400260867

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: Andrea Rawson
 2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4253
 3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-15746-00 6. County: WELD
 7. Well Name: BOHLENDER Well Number: H 14-15
 8. Location: QtrQtr: SWSE Section: 14 Township: 3N Range: 65W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 10/07/2011 Date of First Production this formation: 11/15/2011

Perforations Top: 7084 Bottom: 7097 No. Holes: 52 Hole size: _____

Provide a brief summary of the formation treatment: _____ Open Hole:

Tri-Frac'd Codell w/ 128,716 gals of Slick Water and Vistar 28 with 242,532#'s of Ottawa sand.
No perms done to Niobrara.

This formation is commingled with another formation: Yes No

Test Information:

Date: 12/02/2011 Hours: 24 Bbls oil: 4 Mcf Gas: 30 Bbls H2O: 2

Calculated 24 hour rate: Bbls oil: 4 Mcf Gas: 30 Bbls H2O: 2 GOR: 7500

Test Method: Flowing Casing PSI: 436 Tubing PSI: 379 Choke Size: 32

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1287 API Gravity Oil: 59

Tubing Size: 2 + 1/16 Tubing Setting Depth: 7046 Tbg setting date: 10/11/2011 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: Andrea Rawson

Title: Regulatory Specialist Date: _____ Email arawson@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400260869	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)