

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:
400263181

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 05-123-22681-00 6. County: WELD
 7. Well Name: BOOTH N Well Number: 25-12
 8. Location: QtrQtr: NWSW Section: 25 Township: 5N Range: 67W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING
 Treatment Date: 01/03/2012 Date of First Production this formation: 01/04/2012
 Perforations Top: 7431 Bottom: 7451 No. Holes: 80 Hole size: _____
 Provide a brief summary of the formation treatment: Open Hole:
Re-Frac'd Codell w/ 130,794 gals of Slick Water and Vistar 24/25/26 with 239,467#'s of Ottawa sand.
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 01/13/2012 Hours: 24 Bbls oil: 17 Mcf Gas: 197 Bbls H2O: 3
 Calculated 24 hour rate: Bbls oil: 17 Mcf Gas: 197 Bbls H2O: 3 GOR: 11588
 Test Method: Flowing Casing PSI: 620 Tubing PSI: 299 Choke Size: 16
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1242 API Gravity Oil: 59
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7416 Tbg setting date: 12/14/2011 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 |
|-------------|------------------|
| 400263182 | WELLBORE DIAGRAM |

Total Attach: 1 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
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Total: 0 comment(s)