

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:
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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 4. Contact Name: Eileen Roberts
 2. Name of Operator: NOBLE ENERGY INC Phone: (303) 2284330
 3. Address: 1625 BROADWAY STE 2200 Fax: (303) 2284286
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-34364-00 6. County: WELD
 7. Well Name: Booth USX Well Number: EE25-11D
 8. Location: QtrQtr: SWNW Section: 25 Township: 7N Range: 65W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIORRARA-CODELL Status: PRODUCING

Treatment Date: 12/19/2011 Date of First Production this formation: 01/09/2012

Perforations Top: 7072 Bottom: 7351 No. Holes: 84 Hole size: 0

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

Frac'd the Niobrara-Codell w/ 269622 gals of Silverstim and Slick Water with 494,580#'s of Ottawa sand.
The Codell is producing through a Composite Flow Through Plug.
Commingle the Niobrara and Codell.

This formation is commingled with another formation: Yes No

Test Information:

Date: 01/20/2012 Hours: 24 Bbls oil: 27 Mcf Gas: 12 Bbls H2O: 10

Calculated 24 hour rate: Bbls oil: 27 Mcf Gas: 12 Bbls H2O: 10 GOR: 444

Test Method: FLOWING Casing PSI: 460 Tubing PSI: 0 Choke Size: 022/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1255 API Gravity Oil: 41

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: Eileen Roberts

Title: Regulatory Specialist

Date: _____

Email: eroberts@nobleenergyinc.com

Attachment Check List

| Att Doc Num | Name |
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Total Attach: 0 Files

General Comments

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