

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:

400266444

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
2. Name of Operator: NOBLE ENERGY INC
3. Address: 1625 BROADWAY STE 2200
City: DENVER State: CO Zip: 80202
4. Contact Name: SUSAN MILLER
Phone: (303) 228-4246
Fax: (303) 228-4286

5. API Number 05-123-34217-00
6. County: WELD
7. Well Name: BOOTH USX EE
Well Number: 35-12D
8. Location: QtrQtr: NWNE Section: 35 Township: 7N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

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|--|---|
| FORMATION: NIOBRARA-CODELL | Status: PRODUCING |
| Treatment Date: 11/13/2011 | Date of First Production this formation: 11/16/2011 |
| Perforations Top: 7721 Bottom: 7981 | No. Holes: 96 Hole size: 0 |
| Provide a brief summary of the formation treatment: Open Hole: <input type="checkbox"/> | |
| Pumped 297,130 lbs of Ottawa sand and 403,152 gals of 15% HCL and Slick Water. | |
| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Test Information: | |
| Date: 11/22/2011 Hours: 24 | Bbls oil: 23 Mcf Gas: 0 Bbls H2O: 12 |
| Calculated 24 hour rate: | Bbls oil: 23 Mcf Gas: 0 Bbls H2O: 12 GOR: 0 |
| Test Method: Flowing | Casing PSI: 801 Tubing PSI: Choke Size: 12/64 |
| Gas Disposition: SOLD | Gas Type: WET BTU Gas: 1284 API Gravity Oil: 46 |
| Tubing Size: | Tubing Setting Depth: Tbg setting date: Packer Depth: |
| Reason for Non-Production: | |
| Date formation Abandoned: Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt | |
| Bridge Plug Depth: Sacks cement on top: | |

Comment:

Codell formation producing through composite flow through plug.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: Print Name: SUSAN MILLER

Title: Regulatory Analyst III Date: Email smiller@nobleenergyinc.com

Attachment Check List

| Att Doc Num | Name |
|-------------|------|
| | |

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)