

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Table with 4 columns: DE, ET, OE, ES

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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: Andrea Rawson
Phone: (303) 228-4253
Fax: (303) 228-4286

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: 0.42
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 [X] 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: 16/64
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: 3/20/2012 Email arawson@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400263181	FORM 5A SUBMITTED
400263182	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)