



Document Number:

400159575

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: Eileen Roberts
Phone: (303) 2284330
Fax: (303) 2284286

5. API Number 05-123-31514-00
6. County: WELD
7. Well Name: Booth N
Well Number: 25-31D
8. Location: QtrQtr: NWNW Section: 25 Township: 5N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

| | | | |
|---|--------------------------------------|---|--|
| FORMATION: <u>NIOBRARA-CODELL</u> | | Status: <u>PRODUCING</u> | |
| Treatment Date: <u>02/15/2011</u> | | Date of First Production this formation: <u>03/14/2011</u> | |
| Perforations | Top: <u>7346</u> Bottom: <u>7688</u> | No. Holes: <u>128</u> | Hole size: <u>0</u> |
| Provide a brief summary of the formation treatment: | | Open Hole: <input type="checkbox"/> | |
| <p>Frac'd Niobrara-Codell w/ 269212 gals of Silverstim and Slick Water with 495,940#'s of Ottawa sand.</p> <p>Commingled the Niobrara and Codell.</p> | | | |
| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Test Information: | | | |
| Date: <u>03/18/2011</u> | Hours: <u>24</u> | Bbls oil: <u>40</u> | Mcf Gas: <u>333</u> Bbls H2O: <u>40</u> |
| Calculated 24 hour rate: | | Bbls oil: <u>40</u> | Mcf Gas: <u>333</u> Bbls H2O: <u>40</u> GOR: <u>8325</u> |
| Test Method: <u>FLOWING</u> | Casing PSI: <u>1052</u> | Tubing PSI: <u>542</u> | Choke Size: <u>014/64</u> |
| Gas Disposition: <u>SOLD</u> | Gas Type: <u>WET</u> | BTU Gas: <u>1272</u> | API Gravity Oil: <u>64</u> |
| 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:

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: 4/27/2011

Email eroberts@nobleenergyinc.com
:

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 400159575 | FORM 5A SUBMITTED |

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)