

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



DE ET OE ES

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: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 02/15/2011 Date of First Production this formation: 03/14/2011  
Perforations Top: 7346 Bottom: 7688 No. Holes: 128 Hole size: 0

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

Frac'd Noibrara-Codell w/ 269212 gals of Silverstim and Slick Water with 495,940#'s of Ottawa sand.

Commingle the Niobrara and Codell.

This formation is commingled with another formation:  Yes  No

Test Information:

Date: 03/18/2011 Hours: 24 Bbls oil: 40 Mcf Gas: 333 Bbls H2O: 40  
Calculated 24 hour rate: Bbls oil: 40 Mcf Gas: 333 Bbls H2O: 40 GOR: 8325  
Test Method: FLOWING Casing PSI: 1052 Tubing PSI: 542 Choke Size: 014/64  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1272 API Gravity Oil: 64  
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: 4/27/2011 Email eroberts@nobleenergyinc.com  
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### **Attachment Check List**

<b>Att Doc Num</b>	<b>Name</b>
400159575	FORM 5A SUBMITTED

Total Attach: 1 Files

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

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