

**FORM
5A**Rev
02/08State 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:

400168938

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: Justin Garrett

2. Name of Operator: NOBLE ENERGY INC

Phone: (303) 228-4449

3. Address: 1625 BROADWAY STE 2200

Fax: (303) 228-4286

City: DENVER State: CO Zip: 80202

5. API Number 05-123-31666-00

6. County: WELD

7. Well Name: BOOTH N

Well Number: 25-33D

8. Location: QtrQtr: NESW Section: 26 Township: 5N Range: 67W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL

Status: PRODUCING

Treatment Date: 03/03/2011

Date of First Production this formation: 04/11/2011

Perforations Top: 7231 Bottom: 7573 No. Holes: 128 Hole size:

Provide a brief summary of the formation treatment:

Open Hole: ☐

Codell & Niobrara are commingled
Codell 7553'-7573', 80 holes, .41"
Frac'd Codell w/112035 gals Vistar and Acid with 244700 lbs Ottawa sand
Niobrara 7231'-7369', 48 holes, .73"
Frac'd Niobrara w/154778 gals Vistar with 249620 lbs Ottawa sand

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**

Date: 04/15/2011 Hours: 24 Bbls oil: 65 Mcf Gas: 356 Bbls H2O: 24

Calculated 24 hour rate: Bbls oil: 65 Mcf Gas: 356 Bbls H2O: 24 GOR: 5477

Test Method: Flowing Casing PSI: 1018 Tubing PSI: 568 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1279 API Gravity Oil: 53

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7534 Tbg setting date: 03/08/2011 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: Justin Garrett

Title: Regulatory Specialist

Date: 7/11/2011

Email: JDGarrett@nobleenergyinc.com

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Attachment Check List

Att Doc Num	Name
400168938	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)