

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:
400268445

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 4. Contact Name: Andrea Rawson
 2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4253
 3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-31646-00 6. County: WELD
 7. Well Name: Booth N Well Number: 25-22D
 8. Location: QtrQtr: SWSE Section: 25 Township: 5n Range: 67w Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 07/06/2011 Date of First Production this formation: 08/24/2011

Perforations Top: 7618 Bottom: 7944 No. Holes: 124 Hole size: _____

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

Niobrara perms 7618-7746 (48 holes). Codell perms 7925-7944 (76 holes).
Frac'd Niobrara and Codell with 293,530 gals of Silverstim and 15% HCl with 496,140#'s of Ottawa sand.
Commingled codell and Niobrara
Codell producing through flow plug.

This formation is commingled with another formation: Yes No

Test Information:

Date: 09/02/2011 Hours: 24 Bbls oil: 8 Mcf Gas: 103 Bbls H2O: 5

Calculated 24 hour rate: Bbls oil: 8 Mcf Gas: 103 Bbls H2O: 5 GOR: 12875

Test Method: Flowing Casing PSI: 560 Tubing PSI: 0 Choke Size: 12

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1263 API Gravity Oil: 55

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: Andrea Rawson

Title: Regulatory Specialist Date: _____ arawson@nobleenergyinc.com

Email
:

Attachment Check List

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