

FORM  
5A

Rev  
02/08

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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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: Tania McNutt  
Phone: (303) 228 4392  
Fax: (303) 228 4286

5. API Number 05-123-34366-00  
6. County: WELD  
7. Well Name: Booth USX  
Well Number: EE25-12D  
8. Location: QtrQtr: SWNW Section: 25 Township: 7N Range: 65W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL	Status: PRODUCING
Treatment Date: 12/16/2011	Date of First Production this formation: 01/10/2012
Perforations Top: 6969 Bottom: 7278	No. Holes: 104 Hole size: 0
Provide a brief summary of the formation treatment: Open Hole: <input type="checkbox"/>	
Pumped 295,803 lbs of Ottawa Proppant and 404,684 gallons of 15% HCL and Slick Water.	
The Codell is producing through a composite flow through plug.	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: 01/20/2012 Hours: 24	Bbls oil: 54 Mcf Gas: 46 Bbls H2O: 15
Calculated 24 hour rate:	Bbls oil: 54 Mcf Gas: 46 Bbls H2O: 15 GOR: 852
Test Method: FLOWING	Casing PSI: 1100 Tubing PSI: 0 Choke Size: 15/64
Gas Disposition: SOLD	Gas Type: WET BTU Gas: 1283 API Gravity Oil: 47
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: Tania McNutt

Title: Regulatory Analyst Date: Email: tmcnutt@nobleenergyinc.com

### Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

### General Comments

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

Total: 0 comment(s)