

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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



Table with columns DE, ET, OE, ES

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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: Liz Lindow Phone: (303) 228-4342 Fax: (303) 228-4286

5. API Number 05-123-34367-00 6. County: WELD 7. Well Name: Booth USX Well Number: EE25-15D 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 Type: Treatment Date: 11/30/2011 End Date: Date of First Production this formation: 01/07/2012 Perforations Top: 7688 Bottom: 7991 No. Holes: 100 Hole size:

Provide a brief summary of the formation treatment: Open Hole: 486724 lbs proppant Ottawa; 271849 gal silverstim/slickwater

This formation is commingled with another formation: [X] Yes [] No Total fluid used in treatment (bbl): Max pressure during treatment (psi): Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): Type of gas used in treatment: Min frac gradient (psi/ft): Total acid used in treatment (bbl): Number of staged intervals: Recycled water used in treatment (bbl): Flowback volume recovered (bbl): Fresh water used in treatment (bbl): Disposition method for flowback: Total proppant used (lbs): Rule 805 green completion techniques were utilized: [] Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information: Date: 01/20/2012 Hours: 24 Bbl oil: 27 Mcf Gas: 12 Bbl H2O: 10 Calculated 24 hour rate: Bbl oil: 27 Mcf Gas: 12 Bbl H2O: 10 GOR: 444 Test Method: Flowing Casing PSI: 350 Tubing PSI: 0 Choke Size: 22/64 Gas Disposition: SOLD Gas Type: WET Btu Gas: 1284 API Gravity Oil: 43 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7948 Tbg setting date: 02/09/2012 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: ** Wireline and Cement Job Summary must be attached.

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Liz Lindow

Title: Regulatory Analyst Date: 5/29/2012 Email: llindow@nobleenergyinc.com
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Attachment Check List

Att Doc Num	Name
400283498	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

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