

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



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400277156

Date Received:

04/26/2012

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: Andrea Rawson

Phone: (303) 228-4253

Fax: (303) 228-4286

5. API Number 05-123-34220-00

7. Well Name: BOOTH USX EE

8. Location: QtrQtr: NWNE

Section: 35

Township: 7N

Range: 65W

Meridian: 6

9. Field Name: WATTENBERG

Field Code: 90750

6. County: WELD

Well Number: 35-07D

### Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type: \_\_\_\_\_  
Treatment Date: 11/08/2011 End Date: \_\_\_\_\_ Date of First Production this formation: 11/16/2011  
Perforations Top: 6933 Bottom: 7225 No. Holes: 96 Hole size: \_\_\_\_\_  
Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐

Niobrara perms 6933-7070 (48 holes), codell perms 7213-7225 (48 holes).  
Frac'd Niobrara and Codell with 272,417 gals of Slick water, silverstim, and 15% HCl with 492,860#s of Ottawa sand.  
Commingled Codell and Niobrara.  
codell producing through composite flow through plug.

This formation is commingled with another formation: ☐ 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: \_\_\_\_\_ Max 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: 11/22/2011 Hours: 24 Bbl oil: 17 Mcf Gas: 13 Bbl H2O: 1  
Calculated 24 hour rate: Bbl oil: 17 Mcf Gas: 13 Bbl H2O: 1 GOR: 765  
Test Method: Flowing Casing PSI: 630 Tubing PSI: 0 Choke Size: 16  
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1260 API Gravity Oil: 45  
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: \_\_\_\_\_ \*\* 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: Andrea Rawson  
Title: Regulatory Specialist Date: 4/26/2012 Email: arawson@nobleenergyinc.com  
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### Attachment Check List

Att Doc Num	Name
400277156	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)