

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



DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:

2511196

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: TANIA MCNUTT  
 2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4392  
 3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286  
 City: DENVER State: CO Zip: 80202

5. API Number 05-045-12176-00 6. County: GARFIELD  
 7. Well Name: WALLING Well Number: 1-33D  
 8. Location: QtrQtr: NWSE Section: 1 Township: 8S Range: 96W Meridian: 6  
 9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: CORCORAN Status: ABANDONED COMPLETION  
 Treatment Date: \_\_\_\_\_ Date of First Production this formation: \_\_\_\_\_  
 Perforations Top: \_\_\_\_\_ Bottom: \_\_\_\_\_ No. Holes: \_\_\_\_\_ Hole size: \_\_\_\_\_  
 Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:   
 This formation is commingled with another formation:  Yes  No  
**Test Information:**  
 Date: \_\_\_\_\_ Hours: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_  
 Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_ GOR: \_\_\_\_\_  
 Test Method: \_\_\_\_\_ Casing PSI: \_\_\_\_\_ Tubing PSI: \_\_\_\_\_ Choke Size: \_\_\_\_\_  
 Gas Disposition: \_\_\_\_\_ Gas Type: \_\_\_\_\_ BTU Gas: \_\_\_\_\_ API Gravity Oil: \_\_\_\_\_  
 Tubing Size: \_\_\_\_\_ Tubing Setting Depth: \_\_\_\_\_ Tbg setting date: \_\_\_\_\_ Packer Depth: \_\_\_\_\_  
 Reason for Non-Production:  
FORMATION WATERING UP  
 Date formation Abandoned: 10/30/2008 Squeeze:  Yes  No If yes, number of sacks cmt \_\_\_\_\_  
 Bridge Plug Depth: 5895 Sacks cement on top: 2

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: 9/15/2010 Email: TMCNUTT@NOBLEENERGYINC.COM

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved *David S. Noshin*

COGCC Approved: \_\_\_\_\_ Director of COGCC Date: 10/1/2010

**Attachment Check List**

Att Doc Num	Name	Doc Description
2511196	FORM 5A SUBMITTED	LF@2544356 2511196

Total Attach: 1 Files