

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:

2071414

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: 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 05-045-16079-00 6. County: GARFIELD
7. Well Name: Battlement Mesa Well Number: 26-13B
8. Location: QtrQtr: NWSW Section: 26 Township: 7S Range: 95W Meridian: 6
9. Field Name: RULISON Field Code: 75400

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING
Treatment Date: 08/31/2010 Date of First Production this formation: 09/20/2010
Perforations Top: 8053 Bottom: 9817 No. Holes: 188 Hole size: 34/100
Provide a brief summary of the formation treatment: Open Hole: ☐
FRAC 6,000 GAL OF 7.5% HCL; 701,274 GAL OF 2% KCL; 6,406 SKS OF OTTAWA PROPPANT; 1,695 SKS OF SB EXCEL.
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 09/23/2010 Hours: 24 Bbls oil: 5 Mcf Gas: 1195 Bbls H2O: 147
Calculated 24 hour rate: Bbls oil: 5 Mcf Gas: 1195 Bbls H2O: 147 GOR: 23900
Test Method: FLOWING Casing PSI: 1310 Tubing PSI: 960 Choke Size: 18/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 841 API Gravity Oil: 55
Tubing Size: 2 + 3/8 Tubing Setting Depth: 9556 Tbg setting date: 09/08/2010 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: TANIA MCNUTT
Title: REGULATORY Date: 9/27/2010 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:

COGCC Approved: _____

David G. Neslin
Director of COGCC

Date: 2/10/2011

Attachment Check List

Att Doc Num	Name
2071414	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)