

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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COMPLETED INTERVAL REPORT

Document Number:

2071414

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 S. 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**

| <b><u>User Group</u></b> | <b><u>Comment</u></b> | <b><u>Comment Date</u></b> |
|--------------------------|-----------------------|----------------------------|
|                          |                       |                            |

Total: 0 comment(s)