


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		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table> Document Number: <div style="border: 1px solid black; padding: 5px; text-align: center;">2590565</div>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT							
<p>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.</p>							
1. OGCC Operator Number: <u>100322</u> 2. Name of Operator: <u>NOBLE ENERGY INC</u> 3. Address: <u>1625 BROADWAY STE 2200</u> City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>		4. Contact Name: <u>TANIA MCNUTT</u> Phone: <u>(303) 228-4392</u> Fax: <u>(303) 228-4286</u>					
5. API Number <u>05-045-17161-00</u> 7. Well Name: <u>BATTLEMENT MESA</u> 8. Location: QtrQtr: <u>SENW</u> Section: <u>34</u> Township: <u>7S</u> Range: <u>95W</u> Meridian: <u>6</u> 9. Field Name: <u>PARACHUTE</u> Field Code: <u>67350</u>		6. County: <u>GARFIELD</u> Well Number: <u>34-23A</u>					
<u>Completed Interval</u>							
FORMATION: <u>WILLIAMS FORK - CAMEO</u>		Status: <u>PRODUCING</u>					
Treatment Date: <u>08/09/2010</u>		Date of First Production this formation: <u>09/05/2010</u>					
Perforations Top: <u>7154</u> Bottom: <u>8907</u>	No. Holes: <u>192</u>	Hole size: <u>17/50</u>					
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>					
FRAC 6,000 GAL OF 7.5% HCL; 632,625 GAL OF 2% KCL; 6,435 SKS OF OTTAWA PROPPANT; 1,625 SKS OF SB EXCEL							
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Test Information:							
Date: <u>09/07/2010</u> Hours: <u>24</u>	Bbls oil: <u>0</u> Mcf Gas: <u>869</u>	Bbls H2O: <u>126</u>					
Calculated 24 hour rate:	Bbls oil: <u>0</u> Mcf Gas: <u>869</u>	Bbls H2O: <u>126</u>	GOR: <u>0</u>				
Test Method: <u>FLOWING</u>	Casing PSI: <u>1120</u>	Tubing PSI: <u>710</u>	Choke Size: <u>20/64</u>				
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	BTU Gas: <u>902</u>	API Gravity Oil: <u>0</u>				
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>8719</u>	Tbg setting date: <u>09/01/2010</u>	Packer Depth: _____				
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>							
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____					
Bridge Plug Depth: _____		Sacks cement on top: _____					
Comment: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>							
I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.							
Signed: _____		Print Name: <u>TANIA MCNUTT</u>					
Title: <u>REGULATORY ANALYST</u>	Date: <u>10/26/2010</u>	Email <u>TMCNUTT@NOBLEENERGYINC.COM</u>					

Attachment Check List

Att Doc Num	Name
2590565	FORM 5A SUBMITTED
2590566	CEMENT JOB SUMMARY
2590567	DIRECTIONAL SURVEY

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)