

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:

400147971

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: Liz Lindow
 2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-2079
 3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
 City: DENVER State: CO Zip: 80202

5. API Number 05-045-14035-00 6. County: GARFIELD
 7. Well Name: HYRUP Well Number: 2-34C (20)
 8. Location: QtrQtr: SWSE Section: 2 Township: 8S Range: 96W Meridian: 6
 9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING
 Treatment Date: 11/30/2010 Date of First Production this formation: 12/16/2010
 Perforations Top: 4119 Bottom: 5369 No. Holes: 120 Hole size: 0.34
 Provide a brief summary of the formation treatment: Open Hole:
3700 gal 7.5% HCL, 325,483 gal 2% KCL, 3,494 Ottawa sacks, 950 sacks SB Excel
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 12/18/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 400 Bbls H2O: 196
 Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 400 Bbls H2O: 196 GOR: 0
 Test Method: Flowing Casing PSI: 900 Tubing PSI: 500 Choke Size: 18/64
 Gas Disposition: SOLD Gas Type: DRY BTU Gas: 870 API Gravity Oil: _____
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 5110 Tbg setting date: 12/12/2010 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: Liz Lindow
 Title: Regulatory Analyst Date: _____ Email llindow@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: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)