

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:

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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  
2. Name of Operator: NOBLE ENERGY INC  
3. Address: 1625 BROADWAY STE 2200  
City: DENVER State: CO Zip: 80202  
4. Contact Name: Liz Lindow  
Phone: (303) 228-4342  
Fax: (303) 228-4286

5. API Number 05-045-19860-00  
6. County: GARFIELD  
7. Well Name: BATTLEMENT MESA  
Well Number: 35-23B (35L)  
8. Location: QtrQtr: NWSW Section: 35 Township: 7S Range: 95W Meridian: 6  
9. Field Name: Field Code:

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO	Status: PRODUCING
Treatment Date: 04/29/2011	Date of First Production this formation: 05/20/2011
Perforations Top: 8304 Bottom: 10053	No. Holes: 190 Hole size: 0.34
Provide a brief summary of the formation treatment: Open Hole: <input type="checkbox"/>	
743,029 gal 2% KCL, 6000 gal 7.5% HCL, 689,993# Ottawa, 173,240# SB Excel	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: 05/20/2011 Hours: 24	Bbls oil: 0 Mcf Gas: 893 Bbls H2O: 170
Calculated 24 hour rate:	Bbls oil: 0 Mcf Gas: 893 Bbls H2O: 170 GOR:
Test Method: Flowing	Casing PSI: 1440 Tubing PSI: 1100 Choke Size: 16/64
Gas Disposition: SOLD	Gas Type: DRY BTU Gas: 990 API Gravity Oil:
Tubing Size: 2 + 3/8	Tubing Setting Depth: 9856 Tbg setting date: 05/07/2011 Packer Depth:
Reason for Non-Production:	
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:

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**

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

Total: 0 comment(s)