

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

Document Number:  
400141554

**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: \_\_\_\_\_

5. API Number 05-045-14059-00  
6. County: GARFIELD  
7. Well Name: HYRUP Well Number: 11-31A (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: 01/12/2011 Date of First Production this formation: 01/24/2011  
Perforations Top: 4188 Bottom: 5426 No. Holes: 116 Hole size: 0.34

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:   
3,750 gal 7.5% HCL; 295,769 gal 2% KCL; 3707 sacks Ottawa; 1169 sacks SB Excel

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 01/27/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 552 Bbls H2O: 84  
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 552 Bbls H2O: 84 GOR: 0  
Test Method: Flowing Casing PSI: 920 Tubing PSI: 675 Choke Size: 16/64  
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 952 API Gravity Oil: 0  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 5248 Tbg setting date: 01/20/2011 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: 4/12/2011 Email: llindow@nobleenergyinc.com

**Attachment Check List**

Att Doc Num	Name
400141554	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)