

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>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT			Document Number: <div style="text-align: center; font-weight: bold;">400177210</div>				

1. OGCC Operator Number: <u>100322</u>	4. Contact Name: <u>Liz Lindow</u>
2. Name of Operator: <u>NOBLE ENERGY INC</u>	Phone: <u>(303) 228-4342</u>
3. Address: <u>1625 BROADWAY STE 2200</u>	Fax: <u>(303) 228-4286</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

5. API Number <u>05-045-19860-00</u>	6. County: <u>GARFIELD</u>
7. Well Name: <u>BATTLEMENT MESA</u>	Well Number: <u>35-23B (35L)</u>
8. Location: QtrQtr: <u>NWSW</u> Section: <u>35</u> Township: <u>7S</u> Range: <u>95W</u> Meridian: <u>6</u>	
9. Field Name: <u>PARACHUTE</u> Field Code: <u>67350</u>	

<u>Completed Interval</u>	
FORMATION: <u>WILLIAMS FORK - CAMEO</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>04/29/2011</u>	Date of First Production this formation: <u>05/20/2011</u>
Perforations Top: <u>8304</u> Bottom: <u>10053</u>	No. Holes: <u>190</u> Hole size: <u>0.34</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>743,029 gal 2% KCL, 6000 gal 7.5% HCL, 689,993# Ottawa, 173,240# SB Excel</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>05/20/2011</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>893</u> Bbls H2O: <u>170</u>	
Calculated 24 hour rate:	Bbls oil: <u>0</u> Mcf Gas: <u>893</u> Bbls H2O: <u>170</u> GOR: _____
Test Method: <u>Flowing</u> Casing PSI: <u>1440</u> Tubing PSI: <u>1100</u> Choke Size: <u>16/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>DRY</u> BTU Gas: <u>990</u> API Gravity Oil: <u>0</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>9856</u> Tbg setting date: <u>05/07/2011</u> 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: 6/21/2011 Email: llindow@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400177210	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)