

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:

400188672

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

5. API Number 05-045-19873-00 6. County: GARFIELD
7. Well Name: BATTLEMENT MESA Well Number: 35-13C (35L)
8. Location: QtrQtr: NWSW Section: 35 Township: 7S Range: 95W Meridian: 6
9. Field Name: PARACHUTE Field Code: 67350

Completed Interval

FORMATION: <u>WILLIAMS FORK - CAMEO</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>06/15/2011</u>	Date of First Production this formation: <u>06/29/2011</u>
Perforations Top: <u>8082</u> Bottom: <u>9812</u>	No. Holes: <u>192</u> Hole size: <u>0.34</u>
Provide a brief summary of the formation treatment: <u>635,859 gal of 2% KCL, 6000 gal 7.5% HCL, 679,500 lbs Ottawa, 191,200 lbs SB Excel</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>06/29/2011</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>123</u> Bbls H2O: <u>300</u>	
Calculated 24 hour rate: Bbls oil: <u>0</u> Mcf Gas: <u>123</u> Bbls H2O: <u>300</u> GOR: <u>0</u>	
Test Method: <u>flowing</u> Casing PSI: <u>1680</u> Tubing PSI: <u>1050</u> Choke Size: <u>18/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>DRY</u> BTU Gas: <u>880</u> API Gravity Oil: <u>0</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>9628</u> Tbg setting date: <u>06/22/2011</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: 7/22/2011 Email: llindow@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400188672	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)