

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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Date Received:

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: Tania McNutt
Phone: (303) 228-4392
Fax: (303) 228-4286

5. API Number 05-045-17152-00
6. County: GARFIELD
7. Well Name: BATTLEMENT MESA
Well Number: 34-33A
8. Location: QtrQtr: SENW Section: 34 Township: 7S Range: 95W Meridian: 6
9. Field Name: RULISON Field Code: 75400

Completed Interval

FORMATION: CAMEO Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 02/24/2012 End Date: 02/25/2012 Date of First Production this formation: 03/13/2012

Perforations Top: 8699 Bottom: 9015 No. Holes: 44 Hole size: 0.34

Provide a brief summary of the formation treatment: Open Hole: []

Frac 1,500 gal of 7.5% HCL, 140,435 gal of 2% KCL, 135,000 lbs of Ottawa Proppant, 157,600 lbs of SB Excel, and 298 tons of CO2.

This formation is commingled with another formation: [X] Yes [] No

Total fluid used in treatment (bbl): 3471 Max pressure during treatment (psi): 8693

Total gas used in treatment (mcf): 5140 Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment: CARBON DIOXIDE Max frac gradient (psi/ft): 0.68

Total acid used in treatment (bbl): 36 Number of staged intervals:

Recycled water used in treatment (bbl): Flowback volume recovered (bbl):

Fresh water used in treatment (bbl): Disposition method for flowback: RECYCLE

Total proppant used (lbs): 167800 Rule 805 green completion techniques were utilized: [X]

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:

Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:

Test Method: Casing PSI: Tubing PSI: Choke Size:

Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:

Tubing Size: Tubing Setting Depth: Tbg setting date: 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: ** Wireline and Cement Job Summary must be attached.

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: _____

Perforations Top: 7428 Bottom: 9015 No. Holes: 188 Hole size: _____

Provide a brief summary of the formation treatment: _____ Open Hole:

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: _____ Max frac gradient (psi/ft): _____

Total acid used in treatment (bbl): _____ Number of staged intervals: _____

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____

Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 03/08/2012 Hours: 34 Bbl oil: 0 Mcf Gas: 1152 Bbl H2O: 319

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1152 Bbl H2O: 319 GOR: _____

Test Method: FLOWING Casing PSI: 1640 Tubing PSI: 1130 Choke Size: 18/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1062 API Gravity Oil: _____

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8947 Tbg setting date: 03/08/2012 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: _____ ** Wireline and Cement Job Summary must be attached.

FORMATION: WILLIAMS FORK Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 02/24/2012 End Date: 02/25/2012 Date of First Production this formation: 03/13/2012
Perforations Top: 7428 Bottom: 8598 No. Holes: 144 Hole size: 0.34

Provide a brief summary of the formation treatment: _____ Open Hole:

Frac 4,500 gal of 7.5% HCL, 515,459 gal of 2% KCL, 454,600 lbs of Ottawa Proppant, 130,900 lbs of Prime Plus, and 1616 tons of CO2.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 12942 Max pressure during treatment (psi): 8768

Total gas used in treatment (mcf): 27873 Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: CARBON DIOXIDE Max frac gradient (psi/ft): 0.58

Total acid used in treatment (bbl): 107 Number of staged intervals: 1

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): _____ Disposition method for flowback: RECYCLE

Total proppant used (lbs): 585500 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____

Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ 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: _____ ** Wireline and Cement Job Summary must be attached.

Comment: _____

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Tania McNutt

Title: Regulatory Analyst Date: _____ Email: tmcnutt@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)