

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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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, reoperation 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: Tania McNutt
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4392
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
City: DENVER State: CO Zip: 80202

5. API Number 05-077-08843-00 6. County: MESA
7. Well Name: HYRUP Well Number: 18-15
8. Location: QtrQtr: NWSW Section: 18 Township: 8S Range: 95W Meridian: 6
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: End Date: Date of First Production this formation: 10/15/2012

Perforations Top: 4681 Bottom: 5869 No. Holes: 88 Hole size: 35/100

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

FRACED IN 5 STAGES USING 4304 SX PROPPANT AND 19,985 SX SAND. (SEE ATTACHMENT FOR MORE.)

This formation is commingled with another formation: [] Yes [X] 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: Min 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: 03/15/2005 Hours: 24 Bbl oil: 0 Mcf Gas: 315 Bbl H2O: 51
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 3150 Bbl H2O: 51 GOR: 0
Test Method: FLOWING Casing PSI: 750 Tubing PSI: 500 Choke Size: 11/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1123 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 5230 Tbg setting date: 12/05/2008 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: 10/15/2012 Email: tmcnutt@nobleenergyinc.com
:

Attachment Check List

Att Doc Num	Name
400336405	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Oper. confirmed producing formation correction. Revised date of first production to be consistent with form 7 reporting.	1/14/2013 12:56:57 PM
Permit	Need to clarify form 7 reporting as WMFK and this form 5A reporting WFCM as PR.	12/20/2012 7:12:33 AM
Permit	Corrected BTUs to 1123 & the WFCM panel we should have 88 No. of holes per operator.	10/15/2012 11:18:21 AM

Total: 3 comment(s)