

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

COMPLETED INTERVAL REPORT

Document Number:

2555673

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:  
Fax:

5. API Number 05-045-15743-00  
6. County: GARFIELD  
7. Well Name: BATTLEMENT MESA Well Number: 26-33B  
8. Location: QtrQtr: NESW Section: 26 Township: 7S Range: 95W Meridian: 6  
9. Field Name: Field Code:

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 05/10/2010 Date of First Production this formation: 05/24/2010

Perforations Top: 7783 Bottom: 9979 No. Holes: 184 Hole size: 34/100

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

FRAC 6000 GAL OF 7.5% HCL; 558852 GAL OF 2% KCL; 5098 SKS OF OTTAWA PROPPANT; 1235 SKS OF PRIME PLUS

This formation is commingled with another formation:  Yes  No

Test Information:

Date: 05/26/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 1314 Bbls H2O: 80

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1314 Bbls H2O: 80 GOR: 0

Test Method: FLOWING Casing PSI: 1440 Tubing PSI: 1140 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 913 API Gravity Oil:

Tubing Size: 2 + 3/8 Tubing Setting Depth: 9737 Tbg setting date: 05/19/2010 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: TANIA MCNUTT

Title: REG ANALYST Date: 6/14/2010 Email TMCNUTT@NOBLEENERGYINC.COM

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: \_\_\_\_\_

*David S. Neslin*

Director of COGCC

Date: 10/12/2010

**Attachment Check List**

Att Doc Num	Name	Doc Description
2555673	FORM 5A SUBMITTED	LF@2507784 2555673

Total Attach: 1 Files