

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:

2511190

**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: 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 05-045-10706-00 6. County: GARFIELD  
7. Well Name: HYRUP Well Number: 12-32C  
8. Location: QtrQtr: SWNE Section: 12 Township: 8S Range: 96W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: <u>CORCORAN</u>		Status: <u>PRODUCING</u>		
Treatment Date: <u>07/08/2010</u>		Date of First Production this formation: <u>07/12/2006</u>		
Perforations	Top: <u>6325</u>	Bottom: <u>6404</u>	No. Holes: <u>24</u>	Hole size: <u>34/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
<u>OPEN VALVES, RETURN TO PRODUCTION</u>				
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<b>Test Information:</b>				
Date: _____	Hours: _____	Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____
Calculated 24 hour rate: _____		Bbls oil: _____	Mcf Gas: _____	Bbls 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: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____				
Bridge Plug Depth: _____ Sacks cement on top: _____				

FORMATION: WILLIAMS FORK - CAMEO

Status: PRODUCING

Treatment Date: 07/08/2010

Date of First Production this formation: 07/12/2006

Perforations Top: 4538 Bottom: 5638 No. Holes: 113 Hole size: 34/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

OPEN VALVES, RETURN TO PRODUCTION

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**

Date: Hours: Bbls oil: Mcf Gas: Bbls H2O:

Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls 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:

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: 8/6/2010 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
2511190	FORM 5A SUBMITTED	LF@2544361 2511190

Total Attach: 1 Files

**General Comments**

User Group	Comment	Comment Date
Permit	RETURN ALL COMPLETED HORIZONS TO PRODUCTION AFTER SHUT-IN FOR ECONOMIC REASONS.	10/12/2010 2:37:51 PM

Total: 1 comment(s)