

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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COMPLETED INTERVAL REPORT

Document Number:

2511205

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 05-077-08950-00 6. County: MESA
 7. Well Name: HYRUP Well Number: 12-77
 8. Location: QtrQtr: SESE Section: 12 Township: 8S Range: 96W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING
 Treatment Date: 07/03/2010 Date of First Production this formation: 12/30/2005
 Perforations Top: 4616 Bottom: 5868 No. Holes: 82 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: 12/19/2005 Hours: 24 Bbls oil: 0 Mcf Gas: 780 Bbls H2O: 290
 Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 780 Bbls H2O: 290 GOR: 0
 Test Method: FLOWING Casing PSI: 900 Tubing PSI: 780 Choke Size: 20/64
 Gas Disposition: SOLD Gas Type: DRY BTU Gas: 967 API Gravity Oil: 0
 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: 8/11/2010 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: 11/8/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2511205	FORM 5A SUBMITTED	LF@2544366 2511205

Total Attach: 1 Files