

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:

2511206

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: KATE SHIRLEY
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4449
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4280
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: COZZETTE Status: ABANDONED COMPLETION

Treatment Date: 12/05/2005 Date of First Production this formation: _____
Perforations Top: 6210 Bottom: 6306 No. Holes: 17 Hole size: 34/100

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

FRAC 750 GAL OF 7.5% HCL; 95,000 LBS OF 30/50 SAND

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: _____

FORMATION PRODUCES ONLY WATER.

Date formation Abandoned: 01/17/2006 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt _____

Bridge Plug Depth: 6100 Sacks cement on top: 1

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 12/19/2005 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: ☐

FRAC-3,000 BLS OF 7.5% HCL; 653,000 LBS OF 30/50 SAND; 733 TONS OF CO2.

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: 29 GOR: 0

Test Method: FLOWING Casing PSI: 900 Tubing PSI: 780 Choke Size: 20

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 967 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6171 Tbg setting date: 12/21/2005 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: KATE SHIRLEY

Title: REGULATORY SPECIALIST Date: 5/11/2009 Email KSHIRLEY@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
2511206	FORM 5A SUBMITTED	LF@2544367 2511206

Total Attach: 1 Files