

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:

2511207

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: CORCORAN Status: ABANDONED COMPLETION
 Treatment Date: 12/05/2008 Date of First Production this formation: _____
 Perforations Top: 6452 Bottom: 6520 No. Holes: 17 Hole size: 34/100
 Provide a brief summary of the formation treatment: _____ Open Hole:
FRAC - 750 GAL OF 7.5% HCL; 97,000 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:
PRODUCED TOO MUCH 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

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
2511207	FORM 5A SUBMITTED	LF@2544365 2511207

Total Attach: 1 Files