

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:

1688610

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 05-077-08831-00 6. County: MESA  
 7. Well Name: HYRUP Well Number: 11-45  
 8. Location: QtrQtr: NESW Section: 11 Township: 8S Range: 96W Meridian: 6  
 9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING  
 Treatment Date: 06/30/2010 Date of First Production this formation: 03/30/2005  
 Perforations Top: 3893 Bottom: 5218 No. Holes: 109 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: 04/30/2010 Hours: 24 Bbls oil: 16 Mcf Gas: 1252 Bbls H2O: 1225  
 Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 16 Mcf Gas: 1252 Bbls H2O: 1225 GOR: 78250  
 Test Method: FLOWING Casing PSI: 280 Tubing PSI: 760 Choke Size: \_\_\_\_\_  
 Gas Disposition: SOLD Gas Type: DRY BTU Gas: 656 API Gravity Oil: \_\_\_\_\_  
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 5364 Tbg setting date: 04/30/2010 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: 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: 11/16/2010

**Attachment Check List**

Att Doc Num	Name	Doc Description
1688610	FORM 5A SUBMITTED	LF@2544364 1688610

Total Attach: 1 Files

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Permit	RETURN WELL TO PRODUCTION.	11/16/2010 8:31:38 AM

Total: 1 comment(s)