

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:

1688610

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 05-077-08831-00 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: <u>WILLIAMS FORK - CAMEO</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>06/30/2010</u>	Date of First Production this formation: <u>03/30/2005</u>
Perforations Top: <u>3893</u> Bottom: <u>5218</u>	No. Holes: <u>109</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	
Test Information:	
Date: <u>04/30/2010</u> Hours: <u>24</u> Bbls oil: <u>16</u> Mcf Gas: <u>1252</u> Bbls H2O: <u>1225</u>	
Calculated 24 hour rate: Bbls oil: <u>16</u> Mcf Gas: <u>1252</u> Bbls H2O: <u>1225</u> GOR: <u>78250</u>	
Test Method: <u>FLOWING</u> Casing PSI: <u>280</u> Tubing PSI: <u>760</u> Choke Size: _____	
Gas Disposition: <u>SOLD</u> Gas Type: <u>DRY</u> BTU Gas: <u>656</u> API Gravity Oil: _____	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>5364</u> Tbg setting date: <u>04/30/2010</u> Packer Depth: _____	
Reason for Non-Production: _____	
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 G. 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

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

Total: 1 comment(s)