

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:

2071349

## 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) 2284392

3. Address: 1625 BROADWAY STE 2200

Fax: (303) 2284286

City: DENVER State: CO Zip: 80202

5. API Number 05-045-16077-00

6. County: GARFIELD

7. Well Name: Battlement Mesa

Well Number: 26-12D

8. Location: QtrQtr: NWSW Section: 26 Township: 7S Range: 95W Meridian: 6

9. Field Name: PARACHUTE Field Code: 67350

### Completed Interval

FORMATION: WILLIAMS FORK - CAMEO

Status: PRODUCING

Treatment Date: 08/19/2010

Date of First Production this formation: 08/29/2010

Perforations	Top:	8219	Bottom:	9898	No. Holes:	144	Hole size:	34/100
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Provide a brief summary of the formation treatment:

Open Hole: 

FRAC 4500 GAL OF 7.5% HCL: 549654 GAL OF 2% KCL: 5110 SKS OF OTTAWA PROPPANT: 1312 OF SB EXCEL.

This formation is commingled with another formation: ☐ Yes ☒ No

**Test Information:**

Date:	08/31/2010	Hours:	24	Bbls oil:		Mcf Gas:	1106	Bbls H2O:	228
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Calculated 24 hour rate:	Bbls oil:	0	Mcf Gas:	1106	Bbls H2O:	228	GOR:	0
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Test Method: FLOWING	Casing PSI: 1320	Tubing PSI: 1050	Choke Size: 20/64
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Gas Disposition:	SOLD	Gas Type:	DRY	BTU Gas:	919	API Gravity Oil:
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Tubing Size: 2 + 3/8      Tubing Setting Depth: 9634      Tbg setting date: 08/23/2010      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: 9/22/2010      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: 2/8/2011

**Attachment Check List**

Att Doc Num	Name
2071349	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Permit	Requested well bore diagram. dhs	2/8/2011 10:05:23 AM

Total: 1 comment(s)