

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:

2071347

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 05-045-16075-00

6. County: GARFIELD

7. Well Name: Battlement Mesa

Well Number: 26-12B

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

9. Field Name: RULISON Field Code: 75400

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO

Status: PRODUCING

Treatment Date: 08/17/2010

Date of First Production this formation: 08/31/2010

Perforations	Top:	8343	Bottom:	10102	No. Holes:	190	Hole size:	34/100
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Provide a brief summary of the formation treatment:

Open Hole:

FRAC 6000 GAL OF 7.5% GCKI 918288 GAL OF 2% KCL; 6924 SKS OF OTTAWA PROPPANT 1732 SKS OF SB EXCEL.

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

Test Information:

Date:	09/02/2010	Hours:	24	Bbbs oil:		Mcf Gas:	1600	Bbbs H2O:	256
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Calculated 24 hour rate:	Bbls oil:	Mcf Gas:	1600	Bbls H2O:	256	GOR:
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Test Method: FLOWING	Casing PSI: 1700	Tubing PSI: 1350	Choke Size: 18/64
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Gas Disposition:	SOLD	Gas Type:	DRY	BTU Gas:	918	API Gravity Oil:
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Tubing Size: 2 + 3/8 Tubing Setting Depth: 9920 Tbg setting date: 08/25/2010 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
2071347	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Requested well bore diagram. dhs	2/8/2011 11:01:16 AM

Total: 1 comment(s)