

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:

2071347

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
 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 Bbls oil: _____ Mcf Gas: 1600 Bbls H2O: 256
 Calculated 24 hour rate: Bbls oil: _____ Mcf Gas: 1600 Bbls H2O: 256 GOR: _____
 Test Method: FLOWING Casing PSI: 1700 Tubing PSI: 1350 Choke Size: 18/64
 Gas Disposition: SOLD Gas Type: DRY BTU Gas: 918 API Gravity Oil: _____
 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 S. 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)