

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:
2590714

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 05-045-19023-00 6. County: GARFIELD
 7. Well Name: FEDERAL Well Number: 7-34C
 8. Location: QtrQtr: NESW Section: 7 Township: 8S Range: 95W Meridian: 6
 9. Field Name: RULISON Field Code: 75400

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 09/28/2010 Date of First Production this formation: 10/06/2010
 Perforations Top: 5100 Bottom: 6730 No. Holes: 168 Hole size: 17/50

Provide a brief summary of the formation treatment: _____ Open Hole:

FRAC 5,250 GAL OF 7.5% HCL;485,906 GAL OF 2 % KCL; 4,955 SKS OF OTTAWA PROPPANT; 1,228 SKS OF SB EXCEL

This formation is commingled with another formation: Yes No

Test Information:

Date: 10/08/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 753 Bbls H2O: 307
 Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 753 Bbls H2O: 307 GOR: 0
 Test Method: FLOWING Casing PSI: 1220 Tubing PSI: 850 Choke Size: 16/64
 Gas Disposition: SOLD Gas Type: DRY BTU Gas: 788 API Gravity Oil: 0
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 6590 Tbg setting date: 10/04/2010 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: 11/2/2010 Email: TMCNUTT@NOBLEENERGYINC.COM

Attachment Check List

Att Doc Num	Name
2590714	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

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