

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:

400149557

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: Liz Lindow
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-2079
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
City: DENVER State: CO Zip: 80202

5. API Number 05-045-14061-00 6. County: GARFIELD
7. Well Name: HYRUP Well Number: 11-41B (20)
8. Location: QtrQtr: SWSE Section: 2 Township: 8S Range: 96W Meridian: 6
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING
Treatment Date: 01/15/2011 Date of First Production this formation: 01/23/2011
Perforations Top: 4323 Bottom: 5597 No. Holes: 120 Hole size: 0.34
Provide a brief summary of the formation treatment: Open Hole: [ ]
3750 gal 7.5% HCL; 306,676 gal 2% KCL; 3,673 sacks Ottawa; 946 sacks, SB Excel
This formation is commingled with another formation: [ ] Yes [X] No
Test Information:
Date: 01/25/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 485 Bbls H2O: 345
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 485 Bbls H2O: 345 GOR: 0
Test Method: Flowing Casing PSI: 1080 Tubing PSI: 700 Choke Size: 16/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 794 API Gravity Oil:
Tubing Size: 2 + 3/8 Tubing Setting Depth: 5400 Tbg setting date: 01/20/2011 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: Liz Lindow
Title: Regulatory Analyst Date: Email llindow@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: \_\_\_\_\_ Director of COGCC Date: \_\_\_\_\_

**Attachment Check List**

Att Doc Num	Name

Total Attach: 0 Files

**General Comments**

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

Total: 0 comment(s)