

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:

400166839

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
2. Name of Operator: NOBLE ENERGY INC
3. Address: 1625 BROADWAY STE 2200
City: DENVER State: CO Zip: 80202
4. Contact Name: Liz Lindow
Phone: (303) 228-4342
Fax: (303) 228-4286

5. API Number 05-077-08950-00
6. County: MESA
7. Well Name: HYRUP
Well Number: 12-77
8. Location: QtrQtr: SESE Section: 12 Township: 8S Range: 96W Meridian: 6
9. Field Name: Field Code:

Completed Interval

| | |
|--|-------------------------------------|
| FORMATION: ROLLINS | Status: ABANDONED COMPLETION |
| Treatment Date: Date of First Production this formation: | |
| Perforations Top: 5906 Bottom: 5906 No. Holes: 0 Hole size: | |
| Provide a brief summary of the formation treatment: | Open Hole: <input type="checkbox"/> |
| Formation was never perforated. | |
| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Test Information: | |
| Date: Hours: Bbls oil: Mcf Gas: Bbls H2O: | |
| Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H2O: GOR: | |
| Test Method: Casing PSI: Tubing PSI: Choke Size: | |
| Gas Disposition: Gas Type: BTU Gas: API Gravity Oil: | |
| Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth: | |
| Reason for Non-Production: | |
| Formation was never perforated, will not be completed, and has never been produced from. | |
| Date formation Abandoned: Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt | |
| Bridge Plug Depth: Sacks cement on top: | |

Comment:

Amended: the original form 5A filed on 1/16/06 (document # 1527186) listed Rollins as a producing formation. This is incorrect as this formation has never been perforated or completed and this form 5A wishes to remove Rollins being reported as a producing formation. Operator has no internal production reporting for this formation.

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 |
|-------------|------------------|
| 400166851 | WELLBORE DIAGRAM |

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)