

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:

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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 05-045-19864-00
6. County: GARFIELD
7. Well Name: BATTLEMENT MESA
Well Number: 35-23C (35L)
8. Location: QtrQtr: NWSW Section: 35 Township: 7S Range: 95W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 04/30/2011 Date of First Production this formation: 05/21/2011
Perforations Top: 3319 Bottom: 10050 No. Holes: 190 Hole size: 0.34

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

6000 gal 7.5% HCL, 708,662 gal 2% KCL, 933,863# Ottawa, 259,825# SB Excel

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

Test Information:

Date: 05/21/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 887 Bbls H2O: 205
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 887 Bbls H2O: 205 GOR:
Test Method: Flowing Casing PSI: 1500 Tubing PSI: 1120 Choke Size: 16/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 990 API Gravity Oil:
Tubing Size: 2 + 3/8 Tubing Setting Depth: 9857 Tbg setting date: 05/09/2011 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:

Hard copies of logs were sent 6/20/2011

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: Permit Representative 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

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

Total: 0 comment(s)