

FORM
5A
Rev
02/08



DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:
400147971

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) 228-2079
Fax: (303) 228-4286

5. API Number 05-045-14035-00
6. County: GARFIELD
7. Well Name: HYRUP
Well Number: 2-34C (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: 11/30/2010 Date of First Production this formation: 12/16/2010
Perforations Top: 4119 Bottom: 5369 No. Holes: 120 Hole size: 0.34

Provide a brief summary of the formation treatment: 3700 gal 7.5% HCL, 325,483 gal 2% KCL, 3,494 Ottawa sacks, 950 sacks SB Excel
Open Hole:

This formation is commingled with another formation: Yes No

Test Information:

Date: 12/18/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 400 Bbls H2O: 196
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 400 Bbls H2O: 196 GOR: 0
Test Method: Flowing Casing PSI: 900 Tubing PSI: 500 Choke Size: 18/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 870 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 5110 Tbg setting date: 12/12/2010 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: Liz Lindow
Title: Regulatory Analyst Date: 4/26/2011 Email: llindow@nobleenergyinc.com

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 400147971 | FORM 5A SUBMITTED |

Total Attach: 1 Files

General Comments

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