

**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:

400187026

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

5. API Number 05-045-19856-00 6. County: GARFIELD  
7. Well Name: BATTLEMENT MESA Well Number: 34-43C  
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: 06/15/2011 Date of First Production this formation: 06/29/2011  
Perforations Top: 8192 Bottom: 9914 No. Holes: 192 Hole size: 0.34  
Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐  
This formation is commingled with another formation: ☐ Yes ☒ No  
**Test Information:**  
Date: 06/29/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 1317 Bbls H2O: 277  
Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 0 Mcf Gas: 1317 Bbls H2O: 277 GOR: \_\_\_\_\_  
Test Method: Flowing Casing PSI: 1570 Tubing PSI: 1130 Choke Size: 18/64  
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 880 API Gravity Oil: 0  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 9741 Tbg setting date: 06/24/2011 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 LindowTitle: Regulatory Analyst Date: \_\_\_\_\_ Email: llindow@nobleenergyinc.com  
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Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

**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)