

FORM 5A

Rev 02/08

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109

State of Colorado

Oil and Gas Conservation Commission



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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 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 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.

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)