

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		DE ET OE ES
COMPLETED INTERVAL REPORT			Document Number: 400177155
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: <u>100322</u>	4. Contact Name: <u>Liz Lindow</u>
2. Name of Operator: <u>NOBLE ENERGY INC</u>	Phone: <u>(303) 228-4342</u>
3. Address: <u>1625 BROADWAY STE 2200</u>	Fax: <u>(303) 228-4286</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

5. API Number <u>05-045-19864-00</u>	6. County: <u>GARFIELD</u>
7. Well Name: <u>BATTLEMENT MESA</u>	Well Number: <u>35-23C (35L)</u>
8. Location: QtrQtr: <u>NWSW</u> Section: <u>35</u> Township: <u>7S</u> Range: <u>95W</u> Meridian: <u>6</u>	
9. Field Name: <u>PARACHUTE</u> Field Code: <u>67350</u>	

Completed Interval

FORMATION: <u>WILLIAMS FORK - CAMEO</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>04/30/2011</u>	Date of First Production this formation: <u>05/21/2011</u>
Perforations Top: <u>3319</u> Bottom: <u>10050</u>	No. Holes: <u>190</u> Hole size: <u>0.34</u>
Provide a brief summary of the formation treatment: <u>6000 gal 7.5% HCL, 708,662 gal 2% KCL, 933,863# Ottawa, 259,825# SB Excel</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>05/21/2011</u> Hours: <u>24</u>	Bbls oil: <u>0</u> Mcf Gas: <u>887</u> Bbls H2O: <u>205</u>
Calculated 24 hour rate:	Bbls oil: <u>0</u> Mcf Gas: <u>887</u> Bbls H2O: <u>205</u> GOR: _____
Test Method: <u>Flowing</u>	Casing PSI: <u>1500</u> Tubing PSI: <u>1120</u> Choke Size: <u>16/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u> BTU Gas: <u>990</u> API Gravity Oil: <u>0</u>
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>9857</u>	Tbg setting date: <u>05/09/2011</u> Packer Depth: _____
Reason for Non-Production: _____	
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:
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: 6/20/2011 Email: llindow@nobleenergyinc.com

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400177155	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)