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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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 05-045-18772-00
6. County: GARFIELD
7. Well Name: Rulison Federal
Well Number: 19-41C (17M)
8. Location: QtrQtr: SWSW Section: 17 Township: 7S Range: 94W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 06/27/2011 Date of First Production this formation: 07/15/2011

Perforations Top: 7587 Bottom: 9199 No. Holes: 168 Hole size: 0.34

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

978054 gal 2% KCL, 5250 gal HCL, 546100 lbs Ottawa, 185600 lbs SB Excel

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

Test Information:

Date: 07/15/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 1431 Bbls H2O: 233

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1431 Bbls H2O: 233 GOR:

Test Method: Flowing Casing PSI: 2275 Tubing PSI: 1650 Choke Size: 16

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 880 API Gravity Oil:

Tubing Size: Tubing Setting Depth: Tbg setting date: 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.

COGCC Approved: _____ **Director of COGCC** Date: _____

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)