

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:

400165877

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 05-045-14069-00 6. County: GARFIELD
7. Well Name: HYRUP Well Number: 2-24B (2K)
8. Location: QtrQtr: NESW Section: 2 Township: 8S Range: 96W Meridian: 6
9. Field Name: RULISON Field Code: 75400

Completed Interval

| | |
|--|---|
| FORMATION: <u>COZZETTE</u> | Status: <u>PLUGGED AND ABANDONED</u> |
| Treatment Date: <u>03/29/2011</u> | Date of First Production this formation: <u>02/09/2008</u> |
| Perforations Top: <u>5932</u> Bottom: <u>5962</u> | No. Holes: <u>8</u> Hole size: <u>0.34</u> |
| Provide a brief summary of the formation treatment: | Open Hole: <input type="checkbox"/> |
| This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Test Information: | |
| Date: _____ Hours: _____ | Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ |
| Calculated 24 hour rate: _____ | Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____ |
| Test Method: _____ | Casing PSI: _____ Tubing PSI: _____ Choke Size: _____ |
| Gas Disposition: _____ | Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____ |
| Tubing Size: _____ | Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____ |
| Reason for Non-Production: <u>Formation watered up</u> | |
| Date formation Abandoned: <u>03/29/2011</u> | Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____ |
| Bridge Plug Depth: <u>5440</u> | Sacks cement on top: <u>2</u> |

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|--|-----------------------------|---|---|-----------------------------------|------------|
| FORMATION: <u>CORCORAN</u> | | | Status: <u>PLUGGED AND ABANDONED</u> | | |
| Treatment Date: <u>03/29/2011</u> | | Date of First Production this formation: <u>02/09/2008</u> | | | |
| Perforations | Top: <u>6020</u> | Bottom: <u>6087</u> | No. Holes: <u>16</u> | Hole size: <u>0.34</u> | |
| Provide a brief summary of the formation treatment: | | | Open Hole: <input type="checkbox"/> | | |
| <hr/> | | | | | |
| This formation is commingled with another formation: | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Test Information: | | | | | |
| Date: _____ | Hours: _____ | Bbls oil: _____ | Mcf Gas: _____ | Bbls H2O: _____ | |
| Calculated 24 hour rate: | | Bbls oil: _____ | Mcf Gas: _____ | Bbls H2O: _____ | GOR: _____ |
| Test Method: _____ | Casing PSI: _____ | Tubing PSI: _____ | Choke Size: _____ | | |
| Gas Disposition: _____ | Gas Type: _____ | BTU Gas: _____ | API Gravity Oil: _____ | | |
| Tubing Size: _____ | Tubing Setting Depth: _____ | Tbg setting date: _____ | Packer Depth: _____ | | |
| Reason for Non-Production: | | | | | |
| <div style="border: 1px solid black; padding: 2px;">Formation watered up</div> | | | | | |
| Date formation Abandoned: <u>03/29/2011</u> | | Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No | | If yes, number of sacks cmt _____ | |
| Bridge Plug Depth: <u>5440</u> | | Sacks cement on top: <u>2</u> | | | |

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: 5/31/2011 Email: llindow@nobleenergyinc.com

Attachment Check List

| Att Doc Num | Name |
|-------------|--------------------|
| 400165877 | FORM 5A SUBMITTED |
| 400165920 | WELLBORE DIAGRAM |
| 400165922 | CEMENT JOB SUMMARY |

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)