

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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: Julie Webb Phone: (720) 587-2316 Fax:

5. API Number 05-045-17159-00 6. County: GARFIELD 7. Well Name: BATTLEMENT MESA Well Number: 34-31C 8. Location: QtrQtr: SENW Section: 34 Township: 7S Range: 95W Meridian: 6 9. Field Name: RULISON Field Code: 75400

Completed Interval

FORMATION: CAMEO Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 11/10/2012 End Date: 11/12/2012 Date of First Production this formation: 11/24/2012 Perforations Top: 8704 Bottom: 9030 No. Holes: 42 Hole size: 34/100

Provide a brief summary of the formation treatment: Open Hole: Provide a brief summary of the formation treatment: Open Hole: Frac 200 bbls of 7.5% HCL, 185,500 lbs White Sand, 45,000 lbs Prime Plus

This formation is commingled with another formation: [X] Yes [] No Total fluid used in treatment (bbl): 4550 Max pressure during treatment (psi): 8671 Total gas used in treatment (mcf): 13 Fluid density at initial fracture (lbs/gal): 8.34 Type of gas used in treatment: CARBON DIOXIDE Min frac gradient (psi/ft): 0.53 Total acid used in treatment (bbl): 200 Number of staged intervals: 2 Recycled water used in treatment (bbl): 374 Flowback volume recovered (bbl): 1455 Fresh water used in treatment (bbl): 4176 Disposition method for flowback: RECYCLE Total proppant used (lbs): 230500 Rule 805 green completion techniques were utilized: [X] Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O: Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl 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:

Date formation Abandoned: Squeeze: [] Yes [] No If yes, number of sacks cmt ** Bridge Plug Depth: ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 11/10/2012 End Date: 11/14/2012 Date of First Production this formation: 11/24/2012
Perforations Top: 7437 Bottom: 9030 No. Holes: 166 Hole size: 0.34 +

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

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: _____ Min frac gradient (psi/ft): _____

Total acid used in treatment (bbl): _____ Number of staged intervals: _____

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____

Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 11/26/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 1091 Bbl H2O: 370

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1091 Bbl H2O: 370 GOR: 1091

Test Method: Flowing Casing PSI: 1470 Tubing PSI: 1010 Choke Size: 18/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1019 API Gravity Oil: 0

Tubing Size: 3 + 3/4 Tubing Setting Depth: 8896 Tbg setting date: 11/19/2012 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: _____ ** Wireline and Cement Job Summary must be attached.

FORMATION: WILLIAMS FORK Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 11/12/2012 End Date: 11/14/2012 Date of First Production this formation: 11/24/2012
Perforations Top: 7437 Bottom: 8652 No. Holes: 124 Hole size: 34/100

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

Frac 500 bbls of 7.5%HCL, 433,500 lbs White Sand, 109,700 lbs Prime Plus

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 10682 Max pressure during treatment (psi): 8774

Total gas used in treatment (mcf): 42 Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment: CARBON DIOXIDE Min frac gradient (psi/ft): 0.51

Total acid used in treatment (bbl): 500 Number of staged intervals: 5

Recycled water used in treatment (bbl): 617 Flowback volume recovered (bbl): 3742

Fresh water used in treatment (bbl): 10065 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 543200 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____

Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: _____ Bbl 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: _____

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

** Bridge Plug Depth: _____ ** Sacks cement on top: _____ ** Wireline and Cement Job Summary must be attached.

Comment: _____

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.
Signed: _____ Print Name: Julie Webb
Title: Regulatory Analyst Date: 4/29/2013 Email: juliewebb@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400406186	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)