

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
----	----	----	----

Document Number:
400197578

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 05-045-19132-00 6. County: GARFIELD
 7. Well Name: SGV FEDERAL Well Number: 8-11C (8D)
 8. Location: QtrQtr: NWNW Section: 8 Township: 8S Range: 95W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING
 Treatment Date: 07/10/2011 Date of First Production this formation: 07/25/2011
 Perforations Top: 5033 Bottom: 6509 No. Holes: 144 Hole size: 0.34
 Provide a brief summary of the formation treatment: _____ Open Hole:
501,224 gal 2% KCL; 4500 gal 7.5% HCL; 558,100 lbs Ottawa; 211,300 lbs SB Excel
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 07/25/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 998 Bbls H2O: 176
 Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 998 Bbls H2O: 176 GOR: _____
 Test Method: Flowing Casing PSI: 1175 Tubing PSI: 1060 Choke Size: 16/64
 Gas Disposition: SOLD Gas Type: DRY BTU Gas: 990 API Gravity Oil: _____
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 6343 Tbg setting date: 07/17/2011 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.

COGCC Approved: _____ Director of COGCC Date: _____

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)