

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:

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
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 05-045-19132-00
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: <input type="checkbox"/>
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: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> 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)