

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:  
400199903

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 05-045-19129-00 6. County: GARFIELD  
 7. Well Name: SGV FEDERAL Well Number: 8-11B (8D)  
 8. Location: QtrQtr: NWNW Section: 8 Township: 8S Range: 95W Meridian: 6  
 9. Field Name: PARACHUTE Field Code: 67350

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING  
 Treatment Date: 07/13/2011 Date of First Production this formation: 07/21/2011  
 Perforations Top: 5100 Bottom: 6614 No. Holes: 168 Hole size: 0.34  
 Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:   
497,784 gal 2% KCL; 5250 gal 7.5% HCL; 525,440 lbs Ottawa; 122,020 lbs SB Excel  
 This formation is commingled with another formation:  Yes  No  
**Test Information:**  
 Date: 07/23/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 1281 Bbls H2O: 195  
 Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 0 Mcf Gas: 1281 Bbls H2O: 195 GOR: \_\_\_\_\_  
 Test Method: Flowing Casing PSI: 1310 Tubing PSI: 1130 Choke Size: 18/64  
 Gas Disposition: SOLD Gas Type: DRY BTU Gas: 990 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@petd.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**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>

Total: 0 comment(s)