

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
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 05-045-19129-00
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

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

Total: 0 comment(s)