

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:

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
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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	Bbbs oil:	0	Mcf Gas:	1281	Bbbs H2O:	195
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Calculated 24 hour rate:	Bbls oil:	0	Mcf Gas:	1281	Bbls H2O:	195	GOR:
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Test Method: Flowing	Casing PSI: 1310	Tubing PSI: 1130	Choke Size: 18/64
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Gas Disposition:	SOLD	Gas Type:	DRY	BTU Gas:	990	API Gravity Oil:	0
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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: 8/25/2011 Email llindow@petd.com

Attachment Check List

Att Doc Num	Name
400199903	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)