

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



Table with 4 columns: DE, ET, OE, ES

COMPLETED INTERVAL REPORT

Document Number: 400199903

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 [X] 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: 0
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)