

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:

400203875

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 05-045-19136-00 6. County: GARFIELD
 7. Well Name: SGV FEDERAL Well Number: 6-44D (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: 08/23/2011 Date of First Production this formation: 09/01/2011
 Perforations Top: 5305 Bottom: 6786 No. Holes: 142 Hole size: 0.34
 Provide a brief summary of the formation treatment: 467,271 gal 2% KCL; 4500 gal 7.5% HCL; 509,180 lbs Ottawa; 125,880 lbs SB Excel
 Open Hole:
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 09/03/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 1014 Bbls H2O: 104
 Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1014 Bbls H2O: 104 GOR: 0
 Test Method: Flowing Casing PSI: 1860 Tubing PSI: 695 Choke Size: 20/64
 Gas Disposition: SOLD Gas Type: DRY BTU Gas: 990 API Gravity Oil: 0
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 6589 Tbg setting date: 08/29/2011 Packer Depth: 0
 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: 9/8/2011 Email: llindow@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400203875	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)