

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:

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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: Tania McNutt
Phone: (303) 228-4392
Fax: (303) 228-4286

5. API Number 05-045-19280-00
6. County: GARFIELD
7. Well Name: SGV FEDERAL
Well Number: 6-44C (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: 08/21/2011 Date of First Production this formation: 09/14/2011
Perforations Top: 5406 Bottom: 6888 No. Holes: 142 Hole size: 0.34
Provide a brief summary of the formation treatment: Open Hole: ☐
Frac 4,500 gal of 7.5% HCL, 419,913 gal of 2% KCL, 440,100 lbs of Ottawa Proppant, 105,800 lbs of Prime Plus.
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 09/16/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 589 Bbls H2O: 92
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 589 Bbls H2O: 92 GOR:
Test Method: FLOWING Casing PSI: 391 Tubing PSI: 0 Choke Size: 18/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1035 API Gravity Oil:
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6290 Tbg setting date: 09/27/2011 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: Tania McNutt

Title: Regulatory Analyst Date: Email: tmcnutt@nobleenergyinc.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)