

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:

400234521

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:

5. API Number 05-045-19130-00  
6. County: GARFIELD  
7. Well Name: SGV FEDERAL  
Well Number: 7-41B (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: 09/15/2011 Date of First Production this formation: 09/25/2011  
Perforations Top: 5144 Bottom: 6619 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, 423,515 gal of 2% KCL, 454,120 lbs of Ottawa Proppant, 157,600 lbs of Prime Plus  
This formation is commingled with another formation: ☐ Yes ☒ No  
Test Information:  
Date: 09/27/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 948 Bbls H2O: 130  
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 948 Bbls H2O: 130 GOR:  
Test Method: FLOWING Casing PSI: 1200 Tubing PSI: 820 Choke Size: 20/64  
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1047 API Gravity Oil:  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6451 Tbg setting date: 09/22/2011 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: 12/20/2011 Email: tmcnutt@nobleenergyinc.com

### Attachment Check List

Att Doc Num	Name
400234521	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

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

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