

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:

400247300

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 05-045-19134-00
6. County: GARFIELD
7. Well Name: SGV FEDERAL
Well Number: 8-11D (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: 11/09/2011 Date of First Production this formation: 12/02/2011
Perforations Top: 4881 Bottom: 6470 No. Holes: 168 Hole size: 34/100
Provide a brief summary of the formation treatment: Open Hole: [ ]
Frac 5,250 gal of 7.5% HCL, 581,919 gal of 2% KCL, 635,200 lbs of Ottawa Proppant, 157,600 lbs of Prime Plus
This formation is commingled with another formation: [ ] Yes [X] No
Test Information:
Date: 12/04/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 1537 Bbls H2O: 76
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1537 Bbls H2O: 76 GOR:
Test Method: FLOWING Casing PSI: 1160 Tubing PSI: 920 Choke Size: 19/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1030 API Gravity Oil:
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6272 Tbg setting date: 12/01/2011 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: 1/31/2012 Email: tmcnutt@nobleenergyinc.com

### Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400247300	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Corrected hole size	1/31/2012 2:41:47 PM

Total: 1 comment(s)