

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



DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:

2555483

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: TANIA MCNUTT
 2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4392
 3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
 City: DENVER State: CO Zip: 80202

5. API Number 05-045-15821-00 6. County: GARFIELD
 7. Well Name: PARACHUTE RANCH FEDERA Well Number: 35-32D
 8. Location: QtrQtr: NESE Section: 35 Township: 7S Range: 96W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING
 Treatment Date: 04/24/2010 Date of First Production this formation: 05/05/2010
 Perforations Top: 4202 Bottom: 5533 No. Holes: 143 Hole size: 34/100
 Provide a brief summary of the formation treatment: _____ Open Hole:
FRAC 4,500 GAL OF 7.5% HCL; 424,956 GAL OF 2% KCL; 4,658 SKS OF OTTAWA PROPPANT; 852 SKS OF SB EXCEL.
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 05/06/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 994 Bbls H2O: 168
 Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 994 Bbls H2O: 168 GOR: 0
 Test Method: FLOWING Casing PSI: 1080 Tubing PSI: 750 Choke Size: 20/64
 Gas Disposition: SOLD Gas Type: DRY BTU Gas: 749 API Gravity Oil: _____
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 5328 Tbg setting date: 05/04/2010 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 AGENT Date: 6/8/2010 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: _____

David S. Neslin

Director of COGCC

Date: 10/4/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2555483	FORM 5A SUBMITTED	LF@2505805 2555483

Total Attach: 1 Files