

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:

400232563

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 05-045-19138-00
6. County: GARFIELD
7. Well Name: SGV FEDERAL
Well Number: 7-41A (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: 09/16/2011 Date of First Production this formation: 09/26/2011
Perforations Top: 5227 Bottom: 6699 No. Holes: 144 Hole size: 0.34
Provide a brief summary of the formation treatment: Open Hole: ☐
Frac 4,500 gal of 7.5% HCL, 452,660 gal of 2% KCL, 506,000 lbs of Ottawa Proppant, 157,600 lbs of Prime Plus
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 09/28/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 887 Bbls H2O: 206
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 887 Bbls H2O: 206 GOR:
Test Method: FLOWING Casing PSI: 1150 Tubing PSI: 725 Choke Size: 24/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1030 API Gravity Oil:
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6451 Tbg setting date: 09/24/2011 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> |
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Total: 0 comment(s)