

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:

400234653

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 05-045-19141-00
6. County: GARFIELD
7. Well Name: SGV FEDERAL
Well Number: 7-41C (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: 10/24/2011 Date of First Production this formation: 11/02/2011
Perforations Top: 5108 Bottom: 6590 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, 462,924 gal of 2% KCL, 471,400 lbs of Ottawa Proppant, 118,800 lbs of Prime Plus
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 11/04/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 1016 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1016 Bbls H2O: 0 GOR:
Test Method: FLOWING Casing PSI: 1200 Tubing PSI: 755 Choke Size: 20/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1026 API Gravity Oil:
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6343 Tbg setting date: 10/29/2011 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: 12/21/2011 Email: tmcnutt@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400234653	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)