

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
----	----	----	----

Document Number:

400234759

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 05-045-19131-00  
6. County: GARFIELD  
7. Well Name: SGV FEDERAL  
Well Number: 8-12B (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: 11/04/2011

Perforations Top: 4998 Bottom: 6497 No. Holes: 168 Hole size:

Provide a brief summary of the formation treatment: Open Hole: ☐

Frac 5,250 gal of 7.5% HCL, 522,535 gal of 2% KCL, 564,700 lbs of Ottawa Proppant, 140,160 lbs of Prime Plus

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 11/06/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 1159 Bbls H2O: 269

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1159 Bbls H2O: 269 GOR:

Test Method: FLOWING Casing PSI: 1150 Tubing PSI: 940 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1026 API Gravity Oil:

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6287 Tbg setting date: 11/01/2011 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: 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**

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

Total: 0 comment(s)