

**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:

400236236

**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 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 05-045-19135-00 6. County: GARFIELD  
 7. Well Name: SGV FEDERAL Well Number: 8-12A (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: 11/23/2011  
 Perforations Top: 4965 Bottom: 6483 No. Holes: 168 Hole size: 0.34  
 Provide a brief summary of the formation treatment: Open Hole:   
 This formation is commingled with another formation:  Yes  No  
**Test Information:**  
 Date: 11/25/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 1231 Bbls H2O: 321  
 Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1231 Bbls H2O: 321 GOR: \_\_\_\_\_  
 Test Method: FLOWING Casing PSI: 1160 Tubing PSI: 940 Choke Size: 18/64  
 Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1017 API Gravity Oil: \_\_\_\_\_  
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 6289 Tbg setting date: 11/20/2011 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 McNuttTitle: 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.

**Attachment Check List**

Att Doc Num	Name

Total Attach: 0 Files

**General Comments**

**User Group**      **Comment**      **Comment Date**

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

Total: 0 comment(s)