

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:

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
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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
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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
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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
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Calculated 24 hour rate:	Bbls oil:	0	Mcf Gas:	1231	Bbls H2O:	321	GOR:
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Test Method: FLOWING	Casing PSI: 1160	Tubing PSI: 940	Choke Size: 18/64
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Gas Disposition:	SOLD	Gas Type:	DRY	BTU Gas:	1017	API Gravity Oil:
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Tubing Size:	2 + 3/8	Tubing Setting Depth:	6289	Tbg setting date:	11/20/2011	Packer Depth:	
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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.

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)