

**FORM**  
**5**Rev  
02/08State 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:

400136423

**DRILLING COMPLETION REPORT**

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type ☐ Final completion ☒ Preliminary completion

1. OGCC Operator Number: 100322

4. Contact Name: Liz Lindow

2. Name of Operator: NOBLE ENERGY INC

Phone: (303) 228-4342

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

Footage at surface: Distance: 1235 feet Direction: FNL Distance: 325 feet Direction: FWL

As Drilled Latitude: 39.381682 As Drilled Longitude: -108.026240

## GPS Data:

Data of Measurement: 08/25/2010 PDOP Reading: 2.4 GPS Instrument Operator's Name: Ron Rennke

## \*\* If directional footage

at Top of Prod. Zone Distance: 1456 feet Direction: FNL Distance: 761 feet Direction: FWL

Sec: 8 Twp: 8S Rng: 96W

at Bottom Hole Distance: 1501 feet Direction: FNL Distance: 737 feet Direction: FWL

Sec: 8 Twp: 8S Rng: 86W

9. Field Name: PARACHUTE

10. Field Number: 67350

11. Federal, Indian or State Lease Number: COC58670

12. Spud Date: (when the 1st bit hit the dirt) 09/14/2010 13. Date TD: 09/22/2010 14. Date Casing Set or D&amp;A: 09/23/2010

## 15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 6748 TVD 6716 17 Plug Back Total Depth MD 6662 TVD 6630

18. Elevations GR 6342 KB 6366

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

## 19. List Electric Logs Run:

CBL/RMT

## 20. Casing, Liner and Cement:

### CASING

| Casing Type | Size of Hole | Size of Casing | Wt/Ft | Csg/Liner Top | Setting Depth | Sacks Cmt | Cmt Top | Cmt Bot | Status |
|-------------|--------------|----------------|-------|---------------|---------------|-----------|---------|---------|--------|
| CONDUCTOR   | 24           | 16             | 84    | 0             | 104           | 0         | 0       | 104     | CALC   |
| SURF        | 12+1/4       | 8+5/8          | 24    | 0             | 1,554         | 363       | 0       | 1,554   | CALC   |
| 1ST         | 7+7/8        | 4+1/2          | 11.6  | 0             | 6,738         | 711       | 3,352   | 6,738   | CBL    |

### ADDITIONAL CEMENT

Cement work date: \_\_\_\_\_

Details of work:

| Method used | String | Cementing tool setting/pref depth | Cement volume | Cement top | Cement bottom |
|-------------|--------|-----------------------------------|---------------|------------|---------------|
|             |        |                                   |               |            |               |

21. Formation log intervals and test zones:

### FORMATION LOG INTERVALS AND TEST ZONES

| FORMATION NAME | Measured Depth |        | Check if applies         |                          | COMMENTS (All DST and Core Analyses must be submitted to COGCC) |
|----------------|----------------|--------|--------------------------|--------------------------|---|
|                | Top            | Bottom | DST                      | Cored                    |   |
| WILLIAMS FORK  | 3,695          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| CAMEO          | 6,247          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| ROLLINS        | 6,541          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |

Comment:

Top of Gas MD = 4803'

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: Liz Lindow

Title: Regulatory Analyst Date: 2/28/2011 Email: llindow@nobleenergyinc.com

### Attachment Check List

| Att Doc Num | Name               |
|-------------|--------------------|
| 400136434   | CEMENT JOB SUMMARY |
| 400136436   | DIRECTIONAL SURVEY |

Total Attach: 2 Files

### General Comments

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

Total: 0 comment(s)