

**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:

400135332

**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 05-045-19136-00

6. County: GARFIELD

7. Well Name: SGV FEDERAL

Well Number: 6-44D (8D)

8. Location: QtrQtr: NWNW Section: 8 Township: 8S Range: 95W Meridian: 6

Footage at surface: Distance: 1226 feet Direction: FNL Distance: 322 feet Direction: FWL

As Drilled Latitude: 39.381706 As Drilled Longitude: -108.026252

## 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 Dist.: 156 feet. Direction: FSL Dist.: 583 feet. Direction: FEL

Sec: 6 Twp: 8S Rng: 95W

\*\* If directional footage at Bottom Hole Dist.: 206 feet. Direction: FSL Dist.: 687 feet. Direction: FEL

Sec: 6 Twp: 8S Rng: 95W

9. Field Name: PARACHUTE

10. Field Number: 67350

11. Federal, Indian or State Lease Number: COC23443

12. Spud Date: (when the 1st bit hit the dirt) 09/08/2010 13. Date TD: 10/09/2010 14. Date Casing Set or D&amp;A: 10/10/2010

## 15. Well Classification:

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

16. Total Depth MD 7080 TVD\*\* 6748 17 Plug Back Total Depth MD 6810 TVD\*\* 6478

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:

RCBL/CCL/GR/RMTE

## 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+0/0	16+0/0	65	0	40	5	0	40	
SURF	12+1/4	9+5/8	36	0	1,070	346	0	1,070	
1ST	7+7/8	4+1/2	11.6	0	10,703	736	0	10,703	

### 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	
			<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Top of Gas MD = 4950'

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: \_\_\_\_\_

Email: llindow@nobleenergyinc.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
	30 Day notice letter	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	APD Orig & 1 Copy	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400138654	Deviated Drilling Plan	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Exception Loc Request	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Exception Loc Waivers	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Federal Drilling Permit	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	H2S Contingency Plan	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Mineral lease map	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Surface agrmt/Surety	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Topo map	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Well Location Plat	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400138639	FORM 2 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400138653	PLAT	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments**

**User Group**

**Comment**

**Comment Date**

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Total: 0 comment(s)