

FORM
5
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

DRILLING COMPLETION REPORT

Document Number:

400135332

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 Renke

** 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&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 ?	
Attachment Checklist			
	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"/>
Other Attachments			
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

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

Total: 0 comment(s)