

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



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DRILLING COMPLETION REPORT

Document Number:

400135386

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 05-045-19130-00 6. County: GARFIELD
7. Well Name: SGV FEDERAL Well Number: 7-41B (8D)
8. Location: QtrQtr: NWNW Section: 8 Township: 8S Range: 95W Meridian: 6
Footage at surface: Distance: 1237 feet Direction: FNL Distance: 294 feet Direction: FWL
As Drilled Latitude: 39.381684 As Drilled Longitude: -108.026324

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.: 440 feet. Direction: FNL Dist.: 610 feet. Direction: FEL
Sec: 7 Twp: 8S Rng: 95W

** If directional footage at Bottom Hole Dist.: 479 feet. Direction: FNL Dist.: 712 feet. Direction: FEL
Sec: 7 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) 09/11/2010 13. Date TD: 10/02/2010 14. Date Casing Set or D&A: 10/02/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 6878 TVD** 6706 17 Plug Back Total Depth MD 6791 TVD** 6619

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/CCL/GR

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	1/4 WT	0	60	60	0	60	
SURF	12+1/4	8+5/8	24 ppf	0	660	252	0	660	
1ST	7+7/8	5+1/2	15.5 ppf	0	4,930				

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 = 4923'; hard copies of CBL and RTM logs mailed on 3/17/2011

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"/>
400140710	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"/>
400140706	Topo map	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400142205	Well Location Plat	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<u>Other Attachments</u>			
400140699	FORM 2 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400140707	LEASE MAP	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400142150	WAIVERS	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400142211	WAIVERS	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400142438	WAIVERS	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

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

Total: 0 comment(s)