

**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:

400135386

**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 05-045-19130-00

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 Rennke

\*\* 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&amp;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)