

**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:

400135766

**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 05-045-19129-00

6. County: GARFIELD

7. Well Name: SGV FEDERAL

Well Number: 8-11B (8D)

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

Footage at surface: Distance: 1215 feet Direction: FNL Distance: 350 feet Direction: FEL

As Drilled Latitude: 39.381737 As Drilled Longitude: -108.026154

## 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.: 468 feet. Direction: FNL Dist.: 780 feet. Direction: FWL

Sec: 8 Twp: 8S Rng: 95W

\*\* If directional footage at Bottom Hole Dist.: 507 feet. Direction: FNL Dist.: 746 feet. Direction: FWL

Sec: 8 Twp: 8S Rng: 95W

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) 09/06/2010 13. Date TD: 10/16/2010 14. Date Casing Set or D&amp;A: 10/17/2010

## 15. Well Classification:

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

16. Total Depth MD 6819 TVD\*\* 6731 17 Plug Back Total Depth MD 6735 TVD\*\* 6647

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	84		104	15	0	104	CALC
SURF	12+1/4	8+5/8	24	0	1,554	335	0	1,554	CALC
1ST	7+7/8	4+1/2	11.6	0	6,809	709	2,670	6,809	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	3,776		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	6,303		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	6,660		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Top of Gas MD = 4821'; hard copies of CBL and RTM logs sent 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>					
400136489	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400140000	Directional Survey **	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	DST Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Logs	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)