

**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:

400135892

**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 05-045-19132-00

6. County: GARFIELD

7. Well Name: SGV FEDERAL

Well Number: 8-11C (8D)

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

Footage at surface: Distance: 1213 feet Direction: FNL Distance: 356 feet Direction: FWL

As Drilled Latitude: 39.381745 As Drilled Longitude: -108.026130

## 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.: 804 feet. Direction: FNL Dist.: 773 feet. Direction: FWL

Sec: 8 Twp: 8S Rng: 95W

\*\* If directional footage at Bottom Hole Dist.: 831 feet. Direction: FNL Dist.: 713 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) 09/05/2010 13. Date TD: 10/19/2010 14. Date Casing Set or D&amp;A: 10/20/2010

## 15. Well Classification:

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

16. Total Depth MD 6765 TVD\*\* 6725 17 Plug Back Total Depth MD 6688 TVD\*\* 6648

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	75	0	104	15	0	104	CALC
SURF	12+1/4	8+5/8	24	0	1,540	335	0	1,540	CALC
1ST	7+7/8	4+1/2	11.6	0	6,754	709	2,545	6,754	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	3,719		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	6,264		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	6,596		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Top of Gas MD = 4891', hard copies of CBL and RMT logs were sent 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: Permit Representative Date: \_\_\_\_\_ Email: llindow@nobleenergyinc.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400143942	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400136490	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**

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Total: 0 comment(s)