

<div>FORM 5</div> <div>Rev 02/08</div>	<div>State of Colorado</div> <div>Oil and Gas Conservation Commission</div> <div>1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109</div>		<div>STATE OF COLORADO</div> <div>OIL &amp; GAS</div>	<div>DE</div> <div>ET</div> <div>OE</div> <div>ES</div>
	<div>DRILLING COMPLETION REPORT</div> <div>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.</div> <div>Completion Type <input type="checkbox"/> Final completion <input checked="" type="checkbox"/> Preliminary completion</div>			<div>Document Number:</div> <div>400136423</div>
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 05-045-19135-00		6. County: GARFIELD		
7. Well Name: SGV FEDERAL		Well Number: 8-12A (8D)		
8. Location: QtrQtr: NWNW Section: 8 Township: 8S Range: 95W Meridian: 6				
Footage at surface: Distance: 1235 feet Direction: FNL		Distance: 325 feet Direction: FWL		
As Drilled Latitude: 39.381682		As Drilled Longitude: -108.026240		
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.: 1456 feet. Direction: FNL		Dist.: 761 feet. Direction: FWL		
Sec: 8 Twp: 8S Rng: 96W				
** If directional footage at Bottom Hole				
Dist.: 1501 feet. Direction: FNL		Dist.: 737 feet. Direction: FWL		
Sec: 8 Twp: 8S Rng: 86W				
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) 09/14/2010 13. Date TD: 09/22/2010 14. Date Casing Set or D&A: 09/23/2010				
15. Well Classification:				
<input type="checkbox"/> Dry <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Gas/Coalbed <input type="checkbox"/> Disposal <input type="checkbox"/> Stratigraphic <input type="checkbox"/> Enhanced Recovery <input type="checkbox"/> Storage <input type="checkbox"/> Observation				
16. Total Depth MD 6748 TVD** 6716		17 Plug Back Total Depth MD 6662 TVD** 6630		
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				
20. Casing, Liner and Cement:				

**IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.**

### 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	0	104	0	0	104	CALC
SURF	12+1/4	8+5/8	24	0	1,554	363	0	1,554	CALC
1ST	7+7/8	4+1/2	11.6	0	6,738	711	3,350	6,738	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	3,695		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	6,247		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	6,541		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Top of Gas MD = 4803'

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: 2/28/2011 Email: llindow@nobleenergyinc.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400136434	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400136436	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"/>
<u>Other Attachments</u>					
400136423	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)