

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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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&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, RMTE

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	15	0	104	CALC
SURF	12+1/4	8+5/8	24	0	1,528	363	0	1,528	CALC
1ST	7+7/8	4+1/2	11.6	0	6,868	714	2,300	6,868	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	3,805		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	6,390		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	6,677		<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: 3/17/2011 Email: LLindow@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400140289	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400136494	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>			
400135386	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)