

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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| DE | ET | OE | ES |
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Document Number:

400177232

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 05-045-19865-00 6. County: GARFIELD
 7. Well Name: BATTLEMENT MESA Well Number: 34-43C (35L)
 8. Location: QtrQtr: NWSW Section: 35 Township: 7S Range: 95W Meridian: 6
 Footage at surface: Distance: 2103 feet Direction: FSL Distance: 568 feet Direction: FWL
 As Drilled Latitude: 39.392368 As Drilled Longitude: -107.972055

GPS Data:
 Data of Measurement: 10/19/2011 PDOP Reading: 3.4 GPS Instrument Operator's Name: Jack Kirkpatrick

** If directional footage
 at Top of Prod. Zone Distance: 1860 feet Direction: FSL Distance: 728 feet Direction: FWL
 Sec: 34 Twp: 7S Rng: 95W
 at Bottom Hole Distance: 1860 feet Direction: FSL Distance: 746 feet Direction: FWL
 Sec: 34 Twp: 7S Rng: 95W

9. Field Name: PARACHUTE 10. Field Number: 67350
 11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 01/29/2011 13. Date TD: 02/07/2011 14. Date Casing Set or D&A: 02/08/2011

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 10160 TVD 9976 17 Plug Back Total Depth MD 10106 TVD 9922

18. Elevations GR 9215 KB 9239 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, RMT

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 | 20 | line pipe | 0 | 142 | 600 | 0 | 142 | CALC |
| SURF | 14+3/4 | 9+5/8 | J-55 | 0 | 3,303 | 1,181 | 0 | 3,303 | CALC |
| 1ST | 8+3/4 | 4+1/2 | P-110 | 0 | 10,151 | 1,097 | 5,140 | 10,160 | CBL |

ADDITIONAL CEMENT

Cement work date: 02/03/2011

Details of work:

| | | | | | |
|-------------|--------|-----------------------------------|---------------|------------|---------------|
| Method used | String | Cementing tool setting/pref depth | Cement volume | Cement top | Cement bottom |
| | SURF | | 225 | 80 | 220 |

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 | 7,141 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CAMEO | 9,713 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| ROLLINS | 9,979 | | <input type="checkbox"/> | <input type="checkbox"/> | |

Comment:

Top of gas MD = 8148', hard copies of logs sent 6-20-2011

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

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

| Att Doc Num | Name |
|-------------|--------------------|
| 400177232 | FORM 5 SUBMITTED |
| 400187009 | LAS-CEMENT BOND |
| 400187012 | LAS-PULSED NEUTRON |
| 400187019 | CEMENT JOB SUMMARY |
| 400187020 | CEMENT JOB SUMMARY |
| 400187021 | DIRECTIONAL SURVEY |

Total Attach: 6 Files

General Comments

| User Group | Comment | Comment Date |
|------------|---------|--------------|
| | | |

Total: 0 comment(s)