

FORM  
5Rev  
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



DE ET OE ES

Document Number:

400188654

## 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 05-045-19873-00

6. County: GARFIELD

7. Well Name: BATTLEMENT MESA

Well Number: 35-13C (35L)

8. Location: QtrQtr: NWSW Section: 35 Township: 7S Range: 95W Meridian: 6

Footage at surface: Distance: 2104 feet Direction: FSL Distance: 580 feet Direction: FWL

As Drilled Latitude: 39.392368 As Drilled Longitude: -107.972013

## GPS Data:

Data of Measurement: 10/19/2010 PDOP Reading: 3.4 GPS Instrument Operator's Name: Jack Kirkpatrick

\*\* If directional footage at Top of Prod. Zone Dist.: 1843 feet. Direction: FSL Dist.: 633 feet. Direction: FWL  
Sec: 35 Twp: 7S Rng: 95W

\*\* If directional footage at Bottom Hole Dist.: 1810 feet. Direction: FSL Dist.: 588 feet. Direction: FWL  
Sec: 35 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) 11/19/2010 13. Date TD: 12/02/2010 14. Date Casing Set or D&amp;A: 12/04/2010

## 15. Well Classification:

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

16. Total Depth MD 10069 TVD\*\* 10057 17 Plug Back Total Depth MD 10015 TVD\*\* 10003

18. Elevations GR 9206 KB 9230

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, Triple Combo

## 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	26	24	line pipe	0	184	570	0	184	CALC
SURF	14+3/4	9+5/8	36	0	3,319	1,094	0	3,319	CALC
1ST	8+3/4	4+1/2	11.6	0	10,059	1,107	6,180	10,059	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	7,005		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	9,597		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	9,863		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Top of gas MD = 8009', hard copies of logs sent in on 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: 7/22/2011 Email: llindow@noblenergyinc.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400188668	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400188669	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 checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400188654	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400188662	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400188663	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date
Permit	REQ'D PAPER COPY OF TRIPLE COMBO.	8/15/2011 9:02:08 AM

Total: 1 comment(s)