

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



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:

Date 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&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 LindowTitle: 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

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

Total: 1 comment(s)