

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:

2590699

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: TANIA MCNUTT
 2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4392
 3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
 City: DENVER State: CO Zip: 80202

5. API Number 05-045-19053-00 6. County: GARFIELD
 7. Well Name: FEDERAL Well Number: 7-34D
 8. Location: QtrQtr: NESW Section: 7 Township: 8S Range: 95W Meridian: 6
 Footage at surface: Distance: 1914 feet Direction: FSL Distance: 3010 feet Direction: FWL
 As Drilled Latitude: 39.375869 As Drilled Longitude: -108.037703

GPS Data:

Data of Measurement: 11/12/2010 PDOP Reading: 3.9 GPS Instrument Operator's Name: RON RENNKE

** If directional footage at Top of Prod. Zone Dist.: 226 feet. Direction: FSL Dist.: 2229 feet. Direction: FEL
 Sec: 7 Twp: 8S Rng: 95W

** If directional footage at Bottom Hole Dist.: 126 feet. Direction: FSL Dist.: 2250 feet. Direction: FEL
 Sec: 7 Twp: 8S Rng: 95W

9. Field Name: RULISON 10. Field Number: 75400

11. Federal, Indian or State Lease Number: COC23455

12. Spud Date: (when the 1st bit hit the dirt) 06/23/2010 13. Date TD: 06/28/2010 14. Date Casing Set or D&A: 06/30/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7163 TVD** 6751 17 Plug Back Total Depth MD 7083 TVD** 6671

18. Elevations GR 6502 KB 6526

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/RMTE/SPECTRAL DENSITY DUAL SPACED NEUTRON

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 | 20 | 16 | | 0 | 104 | 60 | 0 | 104 | CALC |
| SURF | 12+1/4 | 8+5/8 | | 0 | 1,526 | 319 | 0 | 1,526 | CALC |
| 1ST | 7+7/4 | 4+1/2 | | 0 | 7,153 | 689 | 3,700 | 7,153 | 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 | 4,011 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CAMEO | 6,562 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| ROLLINS | 6,893 | | <input type="checkbox"/> | <input type="checkbox"/> | |

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: TANIA MCNUTT

Title: REGULATORY ANALYST Date: 11/3/2010 Email: TMCNUTT@NOBLEENERGYINC.COM

Attachment Check List

| Att Doc Num | Document Name | attached ? | |
|-----------------------------|-----------------------|---|--|
| <u>Attachment Checklist</u> | | | |
| 2590701 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 2590700 | 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> | | | |
| 2590699 | FORM 5 SUBMITTED | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

General Comments

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

Total: 0 comment(s)