

**FORM
5**Rev
02/08State 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:

2591349

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 05-045-19037-00

6. County: GARFIELD

7. Well Name: FEDERAL

Well Number: 7-43D

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

Footage at surface: Distance: 1967 feet Direction: FSL Distance: 3018 feet Direction: FWL

As Drilled Latitude: 39.376016 As Drilled Longitude: -108.037676

GPS Data:

Data of Measurement: 11/12/2009 PDOP Reading: 3.9 GPS Instrument Operator's Name: RON RENNKE

** If directional footage at Top of Prod. Zone Dist.: 1458 feet. Direction: FSL Dist.: 688 feet. Direction: FEL

Sec: 7 Twp: 8S Rng: 95W

** If directional footage at Bottom Hole Dist.: 1409 feet. Direction: FSL Dist.: 711 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) 07/22/2010 13. Date TD: 08/04/2010 14. Date Casing Set or D&A: 08/05/2010

15. Well Classification:

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

16. Total Depth MD 7370 TVD** 6774 17 Plug Back Total Depth MD 7278 TVD** 6682

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

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	16		0	104	15	0	104	CALC
SURF	12+1/4	8+5/8		0	1,549	345	0	1,549	CALC
1ST	7+7/8	4+1/2		0	7,360	718	3,152	7,360	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	4,213		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	6,873		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,175		<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: 11/23/2010 Email: TMCNUTT@NOBLEENERGYINC.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2591351	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2591350	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>					
2591349	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)