

**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:  
  
2592679

**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 05-045-19055-00 6. County: GARFIELD  
 7. Well Name: FEDERAL Well Number: 7-43C  
 8. Location: QtrQtr: NESW Section: 7 Township: 8S Range: 95W Meridian: 6  
 Footage at surface: Distance: 1982 feet Direction: FSL Distance: 3018 feet Direction: FWL  
 As Drilled Latitude: 39.376059 As Drilled Longitude: -108.037677

GPS Data:

Data of Measurement: 11/12/2009 PDOP Reading: 3.8 GPS Instrument Operator's Name: RON RENNKE

\*\* If directional footage at Top of Prod. Zone Dist.: 1789 feet. Direction: FSL Dist.: 698 feet. Direction: FEL  
 Sec: 7 Twp: 8S Rng: 95W

\*\* If directional footage at Bottom Hole Dist.: 1733 feet. Direction: FSL Dist.: 679 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) 07/20/2010 13. Date TD: 08/11/2011 14. Date Casing Set or D&A: 08/12/2010

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 7357 TVD\*\* 6789 17 Plug Back Total Depth MD 7279 TVD\*\* 6711

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:

**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	24	16		0	104	15	0	104	CALC
SURF	12+1/4	8+5/8		0	1,539	307	0	1,539	CALC
1ST	7+7/8	4+1/2		0	7,348	720	2,050	7,348	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	4,221		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	6,862		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,163		<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: 1/14/2011 Email: TMCNUTT@NOBLEENERGYINC.COM

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
2592681	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2592680	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>			
2592679	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)