

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:

2568119

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 05-045-19865-00

6. County: GARFIELD

7. Well Name: BATTLEMENT MESA

Well Number: 34-43C (35L)

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

Footage at surface: Distance: 2103 feet Direction: FSL Distance: 568 feet Direction: FWL

As Drilled Latitude: 39.392368 As Drilled Longitude: -107.972055

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.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

** If directional footage at Bottom Hole Dist.: 1949 feet. Direction: FSL Dist.: 292 feet. Direction: FEL

Sec: 34 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) 12/23/2010 13. Date TD: 12/26/2010 14. Date Casing Set or D&A: 12/26/2010

15. Well Classification:

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

16. Total Depth MD 3332 TVD** 3195 17 Plug Back Total Depth MD 3277 TVD** 3141

18. Elevations GR 9211 KB 9235

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	30	20		0	184	100	0	184	CALC
SURF	14+3/4	9+5/8	36	0	3,321	1,440	0	3,332	CALC

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	
GREEN RIVER	729		<input type="checkbox"/>	<input type="checkbox"/>	
WASATCH	2,376		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

FORMATION LOG INTERVALS AND TEST ZONES COMMENTS: WELL TA 01/17/2011. WELL WILL BE COMPLETED AT A LATER TIME

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 Date: 1/31/2011 Email: TMCNUTT@NOBLEENERGYINC.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2568121	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2568120	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>					
2568119	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)