

**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:

1791936

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: KATE SHIRLEY

2. Name of Operator: NOBLE ENERGY INC

Phone: _____

3. Address: 1625 BROADWAY STE 2200

Fax: _____

City: DENVER State: CO Zip: 80202

5. API Number 05-045-15329-00

6. County: GARFIELD

7. Well Name: FEDERAL

Well Number: 7-21B

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

Footage at surface: Distance: 1017 feet Direction: FNL Distance: 1315 feet Direction: FWL

As Drilled Latitude: 39.382270 As Drilled Longitude: -108.043900

GPS Data:

Data of Measurement: 11/17/2010 PDOP Reading: 2.0 GPS Instrument Operator's Name: RICHARL SEAL

** If directional footage at Top of Prod. Zone Dist.: 538 feet. Direction: FNL Dist.: 2237 feet. Direction: FWL

Sec: 7 Twp: 8S Rng: 95W

** If directional footage at Bottom Hole Dist.: 370 feet. Direction: FNL Dist.: 2371 feet. Direction: FWL

Sec: 7 Twp: 8S Rng: 95W

9. Field Name: PARACHUTE

10. Field Number: 67350

11. Federal, Indian or State Lease Number: COC023443

12. Spud Date: (when the 1st bit hit the dirt) 06/03/2008 13. Date TD: 06/20/2008 14. Date Casing Set or D&A: 06/22/2008

15. Well Classification:

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

16. Total Depth MD 7015 TVD** 6872 17 Plug Back Total Depth MD 6921 TVD** 6778

18. Elevations GR 5972 KB 5990

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, RMT/TEMP, 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	20	16		0	121	3	0	121	VISU
SURF	12+1/4	8+5/8	24	0	1,551	570	0	1,551	VISU
1ST	7+7/8	4+1/2	11.6	0	6,942	730	2,860	6,942	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	3,260		<input type="checkbox"/>	<input type="checkbox"/>	TOG: 4598
CAMEO	5,874		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	6,189		<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	6,487		<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	6,736		<input type="checkbox"/>	<input type="checkbox"/>	
MANCOS	6,841		<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: KATE SHIRLEY

Title: REG SPECIALIST Date: 2/9/2009 Email: KSHIRLEY@NOBLEENERGYINC.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
1791935	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
1791934	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>					
1791936	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>
Engineer	Sidetracked well.	5/6/2011 8:54:12 AM

Total: 1 comment(s)