

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:

1791931

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:

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

** If directional footage at Top of Prod. Zone Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____

Sec: _____ Twp: _____ Rng: _____

** If directional footage at Bottom Hole Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____

Sec: _____ Twp: _____ Rng: _____

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: _____

15. Well Classification:

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

16. Total Depth MD 4170 TVD** _____ 17 Plug Back Total Depth MD _____ TVD** _____

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:

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 | 80 | 0 | 121 | VISU |
| SURF | 12+1/4 | 8+5/8 | 32 | 0 | 1,551 | 570 | 0 | 1,551 | VISU |

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 | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |

Comment:

NOBLE RECIEVED VERBAL PERMISSION BY MARTY O'MARA (BLM) ON 06/10/2008 TO P&A THE DVIATION IN ORDER TO STRAIGHTEN UP THE WELL-BORE..

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: 2/17/2010 Email: KSHIRLEY@NOBLEENERGYINC.COM

Attachment Check List

| Att Doc Num | Document Name | attached ? | |
|-----------------------------|-----------------------|---|--|
| <u>Attachment Checklist</u> | | | |
| | CMT Summary * | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| | Directional Survey ** | Yes <input type="checkbox"/> | No <input checked="" 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> | | | |
| 1791931 | FORM 5 SUBMITTED | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

General Comments

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

Total: 0 comment(s)