

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:

400164765

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: Liz Lindow  
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4342  
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286  
City: DENVER State: CO Zip: 80202

5. API Number 05-045-19860-00 6. County: GARFIELD  
7. Well Name: BATTLEMENT MESA Well Number: 35-23B (35L)  
8. Location: QtrQtr: NWSW Section: 35 Township: 7S Range: 95W Meridian: 6  
Footage at surface: Distance: 2147 feet Direction: FSL Distance: 610 feet Direction: FWL  
As Drilled Latitude: 39.392486 As Drilled Longitude: -107.971905

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.: 2080 feet. Direction: FSL Dist.: 1948 feet. Direction: FWL  
Sec: 35 Twp: 7S Rng: 95W

\*\* If directional footage at Bottom Hole Dist.: 2008 feet. Direction: FSL Dist.: 1888 feet. Direction: FWL  
Sec: 35 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) 12/09/2010 13. Date TD: 01/05/2011 14. Date Casing Set or D&A: 01/16/2011

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 10288 TVD\*\* 10083 17 Plug Back Total Depth MD 10182 TVD\*\* 9977

18. Elevations GR 9206 KB 9230

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/CCL/GR, 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	line pipe	0	164	581	0	164	CALC
SURF	14+3/4	9+5/8	36	0	3,348	1,069	0	3,348	CALC
1ST	8+3/4	4+1/2	11.6	0	10,278	1,104	5,325	10,278	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	7,253		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	9,833		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	10,101		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Top of Gas MD = 8253'

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: Liz Lindow

Title: Regulatory Analyst Date: 5/13/2011 Email: llindow@nobleenergyinc.com

#### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400164783	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400164782	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"/>
<b>Other Attachments</b>			
400164765	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

#### General Comments

User Group	Comment	Comment Date
Permit	REQ DIGITAL LOGS	7/25/2011 12:21:36 PM

Total: 1 comment(s)