

**FORM**  
**5**  
Rev  
02/08

**State of Colorado**  
**Oil and Gas Conservation Commission**  
1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:  
400403232

Date Received:

**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: Julie Webb  
2. Name of Operator: NOBLE ENERGY INC Phone: (720) 587-2316  
3. Address: 1625 BROADWAY STE 2200 Fax: \_\_\_\_\_  
City: DENVER State: CO Zip: 80202

5. API Number 05-045-15593-00 6. County: GARFIELD  
7. Well Name: PARACHUTE RANCH FED. Well Number: 35-41A  
8. Location: QtrQtr: NWNE Section: 35 Township: 7S Range: 96W Meridian: 6  
Footage at surface: Distance: 911 feet Direction: FNL Distance: 1516 feet Direction: FEL  
As Drilled Latitude: 39.398832 As Drilled Longitude: -108.072929

GPS Data:

Date of Measurement: 01/13/2008 PDOP Reading: 2.2 GPS Instrument Operator's Name: John Richardson

\*\* If directional footage at Top of Prod. Zone Dist.: 209 feet. Direction: FNL Dist.: 578 feet. Direction: FEL  
Sec: 35 Twp: 7S Rng: 96W

\*\* If directional footage at Bottom Hole Dist.: 209 feet. Direction: FNL Dist.: 578 feet. Direction: FEL  
Sec: 35 Twp: 7S Rng: 96W

9. Field Name: GRAND VALLEY 10. Field Number: 31290  
11. Federal, Indian or State Lease Number: COC-64739

12. Spud Date: (when the 1st bit hit the dirt) 07/15/2009 13. Date TD: 07/28/2009 14. Date Casing Set or D&A: 07/29/2009

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 5843 TVD\*\* 5636 17 Plug Back Total Depth MD 5773 TVD\*\* 5566

18. Elevations GR 5462 KB 5486

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	24	16	84	0	90	15	0	90	CALC
SURF	12+1/4	8+5/8	24	0	1,044	275	0	1,044	CALC
1ST LINER	7+7/8	4+1/2	11.6	0	5,833	784	1,380	5,843	CBL

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: \_\_\_\_\_

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

Details of work:

21. Formation log intervals and test zones:

<b>FORMATION LOG INTERVALS AND TEST ZONES</b>					
FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
WILLIAMS FORK	2,871		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	5,278		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	5,686		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

This form 5 is being submitted to add the cement bottoms and attached the cement ticket. The directional data and logs were submitted with the original completion report.

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

Signed: \_\_\_\_\_ Print Name: Julie Webb

Title: Regulatory Analyst Date: \_\_\_\_\_ Email: juliewebb@nobleenergyinc.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400403242	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input 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"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)