

FORM
5Rev
02/08State 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:

400114531

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: Justin Garrett

2. Name of Operator: NOBLE ENERGY INC

Phone: (303) 228-4449

3. Address: 1625 BROADWAY STE 2200

Fax: (303) 228-4286

City: DENVER State: CO Zip: 80202

5. API Number 05-123-31009-00

6. County: WELD

7. Well Name: DF RANCH

Well Number: 1161-9-24

8. Location: QtrQtr: SENW Section: 9 Township: 11N Range: 61W Meridian: 6

Footage at surface: Distance: 1980 feet Direction: FNL Distance: 1980 feet Direction: FWL

As Drilled Latitude: 40.938040 As Drilled Longitude: -104.212780

GPS Data:

Data of Measurement: 05/11/2010 PDOP Reading: 1.7 GPS Instrument Operator's Name: Paul Tappy

** If directional footage

at Top of Prod. Zone Distance: feet Direction: Distance: feet Direction:

Sec: Twp: Rng:

at Bottom Hole Distance: feet Direction: Distance: feet Direction:

Sec: Twp: Rng:

9. Field Name: GROVER

10. Field Number: 33380

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 04/18/2010 13. Date TD: 04/22/2010 14. Date Casing Set or D&A: 04/22/2010

15. Well Classification:

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

16. Total Depth MD 7940 TVD 17 Plug Back Total Depth MD 7271 TVD

18. Elevations GR 5265 KB 5277

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/GR/CCL, Density/Neutron/AC/TR

20. Casing, Liner and Cement:

CASING

| Casing Type | Size of Hole | Size of Casing | Weight Per Foot | Setting Depth | Sacks Cement | Cement Top | Cement Bot | Status |
|-------------|--------------|----------------|-----------------|---------------|--------------|------------|------------|--------|
| SURF | 12+1/4 | 8+5/8 | | 1,063 | 364 | 0 | 1,063 | |
| 1ST | 7+7/8 | 5+1/2 | | 7,921 | 910 | 154 | 7,921 | 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 | |
| NIOBRARA | 6,861 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| FORT HAYS | 7,105 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CODELL | 7,138 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| D SAND | 7,629 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| MOWRY | 7,691 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| J SAND | 7,719 | | <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: Justin Garrett

Title: Regulatory Specialist Date: _____ Email: JDGarrett@nobleenergyinc.com

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

| Att Doc Num | Name |
|-------------|------------------------|
| 400114536 | LAS-CEMENT BOND |
| 400114537 | LAS-TRIPLE COMBINATION |
| 400114539 | CEMENT JOB SUMMARY |

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)