

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:

2505098

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: EILEEN ROBERTS
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4330
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
City: DENVER State: CO Zip: 80202

5. API Number 05-123-30703-00 6. County: WELD
7. Well Name: HERBSTER F Well Number: 35-27
8. Location: QtrQtr: SWSE Section: 26 Township: 5N Range: 65W Meridian: 6
Footage at surface: Distance: 411 feet Direction: FSL Distance: 1491 feet Direction: FEL
As Drilled Latitude: 40.364135 As Drilled Longitude: -104.626348

GPS Data:

Data of Measurement: 07/14/2010 PDOP Reading: 2.5 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: WATTENBERG 10. Field Number: 90750

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 03/22/2010 13. Date TD: 03/25/2010 14. Date Casing Set or D&A: 03/25/2010

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 7160 TVD _____ 17 Plug Back Total Depth MD 7104 TVD _____18. Elevations GR 4650 KB 4663

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, CDL/CNL/ML, DIL/GR

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
SURF	12+1/4	8+5/8		0	612	263	0	622	CALC
1ST	7+7/8	4+1/2		0	7,149	700	2,170	7,149	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	6,862		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	6,957		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	6,981		<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: EILEEN ROBERTS

Title: REGULATORY Date: 7/15/2010 Email: EROBERTS@NOBLEENERGYINC.COM

Attachment Check List

Att Doc Num	Name
2505097	CEMENT JOB SUMMARY
2505098	FORM 5 SUBMITTED

Total Attach: 2 Files

General Comments

User Group Comment Comment Date

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Total: 0 comment(s)