


<div>FORM 5</div> <div>Rev 02/08</div>	<div>State of Colorado</div> <div>Oil and Gas Conservation Commission</div> <div>1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109</div>	<div></div> <div><div>DE</div><div>ET</div><div>OE</div><div>ES</div></div>
<div>DRILLING COMPLETION REPORT</div> <div>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.</div> <div><div>Completion Type</div><div><input checked="" type="checkbox"/> Final completion</div><div><input type="checkbox"/> Preliminary completion</div></div>		<div>Document Number:</div> <div>2071520</div>
<div>1. OGCC Operator Number: 100322</div> <div>2. Name of Operator: NOBLE ENERGY INC</div> <div>3. Address: 1625 BROADWAY STE 2200</div> <div>City: DENVER State: CO Zip: 80202</div>		<div>4. Contact Name: JUSTIN GARRETT</div> <div>Phone: (303) 2284449</div> <div>Fax: (303) 2284286</div>
<div>5. API Number 05-123-25586-00</div> <div>7. Well Name: SLEDGE C</div> <div>8. Location: QtrQtr: NWNW Section: 9 Township: 4N Range: 64W Meridian: 6</div> <div>Footage at surface: Distance: 641 feet Direction: FNL Distance: 673 feet Direction: FWL</div> <div>As Drilled Latitude: 40.332388 As Drilled Longitude: -104.562593</div> <div>GPS Data:</div> <div>Data of Measurement: 01/20/2009 PDOP Reading: 2.1 GPS Instrument Operator's Name: PAUL TAPPY</div> <div>** If directional footage at Top of Prod. Zone</div> <div>Dist.: 243 feet. Direction: FSL Dist.: 97 feet. Direction: FEL</div> <div>Sec: 5 Twp: 4N Rng: 64W</div> <div>** If directional footage at Bottom Hole</div> <div>Dist.: 244 feet. Direction: FSL Dist.: 97 feet. Direction: FEL</div> <div>Sec: 5 Twp: 4N Rng: 64W</div>		<div>6. County: WELD</div> <div>Well Number: 9-30</div>
<div>9. Field Name: WATTENBERG</div> <div>11. Federal, Indian or State Lease Number:</div>		<div>10. Field Number: 90750</div>
<div>12. Spud Date: (when the 1st bit hit the dirt) 01/03/2009 13. Date TD: 01/06/2009 14. Date Casing Set or D&A: 01/06/2009</div>		
<div>15. Well Classification:</div> <div><input type="checkbox"/> Dry <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Gas/Coalbed <input type="checkbox"/> Disposal <input type="checkbox"/> Stratigraphic <input type="checkbox"/> Enhanced Recovery <input type="checkbox"/> Storage <input type="checkbox"/> Observation</div>		
<div>16. Total Depth MD 7245 TVD** 7101</div>		<div>17 Plug Back Total Depth MD 7194 TVD** 7050</div>
<div>18. Elevations GR 4747 KB 4760</div>		<div>One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.</div>
<div>19. List Electric Logs Run:</div> <div>CBL/GR/CCL, DIL/GL/GR, DENSITY/NEUTRON/MICROLOG</div>		
<div>20. Casing, Liner and Cement:</div>		

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

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	574	225	0	574	CALC
1ST	7+7/8	4+1/2		0	7,237	840	550	7,237	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	
TEEPEE BUTTES	6,043		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,782		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,056		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,078		<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	7,135		<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: 8/30/2010

Email: JDGARRETT@NOBLEENERGYINC.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2071522	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2071523	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"/>
<u>Other Attachments</u>					
2071520	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)