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|---|---|--|--|----|----|----|----|
| 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 |  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table> Document Number: 400095545 | DE | ET | OE | ES |
| DE | ET | OE | ES | | | | |
| 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 <input checked="" type="checkbox"/> Final completion <input type="checkbox"/> Preliminary completion | | | | | | | |
| 1. OGCC Operator Number: <u>100322</u> | | 4. Contact Name: <u>EILEEN ROBERTS</u> | | | | | |
| 2. Name of Operator: <u>NOBLE ENERGY INC</u> | | Phone: <u>(303) 2284330</u> | | | | | |
| 3. Address: <u>1625 BROADWAY STE 2200</u> | | Fax: <u>(303) 2284286</u> | | | | | |
| City: <u>DENVER</u> | State: <u>CO</u> | Zip: <u>80202</u> | | | | | |
| 5. API Number <u>05-123-30957-00</u> | | 6. County: <u>WELD</u> | | | | | |
| 7. Well Name: <u>Horse Iron P</u> | | Well Number: <u>21-21D</u> | | | | | |
| 8. Location: QtrQtr: <u>SENE</u> Section: <u>21</u> Township: <u>3N</u> Range: <u>67W</u> Meridian: <u>6</u> | | | | | | | |
| Footage at surface: Distance: <u>2470</u> feet Direction: <u>FNL</u> Distance: <u>1001</u> feet Direction: <u>FEL</u> | | | | | | | |
| As Drilled Latitude: <u>40.212360</u> As Drilled Longitude: <u>-104.889449</u> | | | | | | | |
| GPS Data: Date of Measurement: <u>06/17/2010</u> PDOP Reading: <u>5.1</u> GPS Instrument Operator's Name: <u>Paul Tappy</u> | | | | | | | |
| ** If directional footage at Top of Prod. Zone Dist.: <u>2465</u> feet. Direction: <u>FSL</u> Dist.: <u>2523</u> feet. Direction: <u>FEL</u> Sec: <u>21</u> Twp: <u>3N</u> Rng: <u>67W</u> | | | | | | | |
| ** If directional footage at Bottom Hole Dist.: <u>2472</u> feet. Direction: <u>FSL</u> Dist.: <u>2526</u> feet. Direction: <u>FEL</u> Sec: <u>21</u> Twp: <u>3N</u> Rng: <u>67W</u> | | | | | | | |
| 9. Field Name: <u>WATTENBERG</u> | | 10. Field Number: <u>90750</u> | | | | | |
| 11. Federal, Indian or State Lease Number: _____ | | | | | | | |
| 12. Spud Date: (when the 1st bit hit the dirt) <u>05/24/2010</u> 13. Date TD: <u>05/27/2010</u> 14. Date Casing Set or D&A: <u>05/28/2010</u> | | | | | | | |
| 15. Well Classification: <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Oil <input 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 | | | | | | | |
| 16. Total Depth MD <u>8010</u> TVD** <u>7730</u> | | 17 Plug Back Total Depth MD <u>7956</u> TVD** <u>7676</u> | | | | | |
| 18. Elevations GR <u>4789</u> KB <u>4802</u> | | 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: <u>CBL/GRL/CCL, DIL/GL/GRL, CDL/CNL/ML</u> | | | | | | | |
| 20. Casing, Liner and Cement: | | | | | | | |

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 | 32.00 | 0 | 520 | 264 | 0 | 535 | CALC |
| 1ST | 7+7/8 | 4+1/2 | 11.60 | 0 | 8,000 | 710 | 1,840 | 8,000 | 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 | 7,068 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| FORT HAYS | 7,338 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CODELL | 7,358 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| MOWRY | 7,776 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| J SAND | 7,789 | | <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 Specialist Date: 9/28/2010 Email: eroberts@nobleenergyinc.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | |
|-----------------------------|-----------------------|---|--|
| <u>Attachment Checklist</u> | | | |
| 400095648 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 400095649 | 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> | | | |
| 400095545 | FORM 5 SUBMITTED | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

General Comments

| User Group | Comment | Comment Date |
|------------|---------|--------------|
| | | |

Total: 0 comment(s)