


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: 400100510	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: 100322 2. Name of Operator: NOBLE ENERGY INC 3. Address: 1625 BROADWAY STE 2200 City: DENVER State: CO Zip: 80202		4. Contact Name: EILEEN ROBERTS Phone: (303) 2284330 Fax: (303) 2284286					
5. API Number 05-123-30293-00 7. Well Name: DILLARD AB 8. Location: QtrQtr: NENE Section: 10 Township: 7N Range: 64W Meridian: 6 Footage at surface: Distance: 660 feet Direction: FNL Distance: 660 feet Direction: FEL As Drilled Latitude: 40.593070 As Drilled Longitude: -104.528182		6. County: WELD Well Number: 10-01					
GPS Data: Data of Measurement: 08/09/2010 PDOP Reading: 5.7 GPS Instrument Operator's Name: PAUL TAPPY							
** If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction: Sec: Twp: Rng: ** If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction: Sec: Twp: Rng:							
9. Field Name: TOM CAT 11. Federal, Indian or State Lease Number:		10. Field Number: 82390					
12. Spud Date: (when the 1st bit hit the dirt) 04/03/2010 13. Date TD: 04/13/2010 14. Date Casing Set or D&A: 04/18/2010							
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 10605 TVD**		17 Plug Back Total Depth MD 10502 TVD**					
18. Elevations GR 4834 KB 4847		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: GRL/CCL, SDL/DSNL/ACL/TRI							
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	1,222	512	0	1,261	CALC
1ST	7+7/8	4+1/2	11.60	0	10,575	1,086	8,750	10,575	CBL

ADDITIONAL CEMENT

Cement work date: _____

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	SURF	7,196		7,196	7,196

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	6,723		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	6,955		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	6,979		<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	7,059		<input type="checkbox"/>	<input type="checkbox"/>	
MOWRY	7,456		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,466		<input type="checkbox"/>	<input type="checkbox"/>	
MORRISON	7,711		<input type="checkbox"/>	<input type="checkbox"/>	
LYONS	7,834		<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: 10/14/2010 Email: eroberts@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400100632	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"/>
<u>Other Attachments</u>					
400100510	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Corrected GPS provided by E.R. @ Noble	1/12/2011 7:35:22 AM
Permit	Req digital CBL & correct GPS info	1/11/2011 11:26:02 AM
Permit	CORRECTED CASING PER E.R @NOBLE	10/15/2010 12:20:46 PM

Total: 3 comment(s)