


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: 2505068	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) 228-4330 Fax: (303) 228-4286					
5. API Number 05-123-30713-00 7. Well Name: OLIN L 8. Location: QtrQtr: SESW Section: 30 Township: 3N Range: 66W Meridian: 6 Footage at surface: Distance: 586 feet Direction: FSL Distance: 2121 feet Direction: FWL As Drilled Latitude: 40.189914 As Drilled Longitude: -104.822301		6. County: WELD Well Number: 31-29D					
GPS Data: Data of Measurement: 07/29/2010 PDOP Reading: 5.7 GPS Instrument Operator's Name: PAUL TAPPY							
** If directional footage at Top of Prod. Zone Dist.: 89 feet. Direction: FSL Dist.: 1631 feet. Direction: FWL Sec: 30 Twp: 3N Rng: 66W							
** If directional footage at Bottom Hole Dist.: 89 feet. Direction: FSL Dist.: 1632 feet. Direction: FWL Sec: 30 Twp: 3N Rng: 66W							
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) 02/18/2010 13. Date TD: 02/22/2010 14. Date Casing Set or D&A: 02/22/2010							
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 8051 TVD** 7967		17 Plug Back Total Depth MD 7992 TVD** 7908					
18. Elevations GR 4830 KB 4843		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/CLL, CDL/CNL/ML, DIL/GR							
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		0	732	323	0	748	CALC
1ST	7+7/8	4+1/2		0	8,037	630	1,750	8,037	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	7,119		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,366		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,388		<input type="checkbox"/>	<input type="checkbox"/>	
MOWRY	7,812		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,828		<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: 7/13/2010

Email: EROBERTS@NOBLEENERGYINC.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2505069	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2505070	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>					
2505068	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)