


<b>FORM</b> <b>5</b> Rev 02/08	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 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%; text-align: center;">DE</td> <td style="width: 25%; text-align: center;">ET</td> <td style="width: 25%; text-align: center;">OE</td> <td style="width: 25%; text-align: center;">ES</td> </tr> </table> Document Number: <div style="text-align: center; font-size: 1.2em; margin-top: 10px;">2505116</div>	DE	ET	OE	ES																
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<b>DRILLING COMPLETION REPORT</b>																							
<small>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.</small>																							
Completion Type <input checked="" type="checkbox"/> Final completion <input type="checkbox"/> Preliminary completion																							
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GPS Data: Date of Measurement: <u>06/30/2010</u> PDOP Reading: <u>2.5</u> GPS Instrument Operator's Name: <u>S. DEMANCHE</u>																							
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9. Field Name: <u>VERNON</u> 10. Field Number: <u>86500</u>																							
11. Federal, Indian or State Lease Number: <u>COC 15051</u>																							
12. Spud Date: (when the 1st bit hit the dirt) <u>05/05/2010</u> 13. Date TD: <u>05/05/2010</u> 14. Date Casing Set or D&A: <u>05/07/2010</u>																							
15. Well Classification: <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																							
16. Total Depth    MD <u>2402</u> TVD** _____    17 Plug Back Total Depth    MD <u>2323</u> TVD** _____																							
18. Elevations    GR <u>3894</u> KB <u>3900</u>																							
19. List Electric Logs Run: <u>TRIPLE COMBO, AIL, CNDL, CBL/GR/CCL</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	9+7/8	7		0	355	158	0	355	CALC
1ST	6+1/4	4+1/2		0	2,367	134	0	2,402	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	
NIOBARRA	2,144	2,178	<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: JENNIFER BARNETT

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

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2505117	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>					
2505116	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>

Total: 0 comment(s)