


<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%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table> Document Number:  400109048	DE	ET	OE	ES
DE	ET	OE	ES				
<b>DRILLING COMPLETION REPORT</b>							
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:    Justin Garrett Phone:    (303) 228-4449 Fax:    (303) 228-4286					
5. API Number    05-123-30486-00 7. Well Name:    WELLS RANCHUSX AE 8. Location:    QtrQtr:    NESE    Section:    19    Township:    6N    Range:    62W    Meridian:    6 Footage at surface:    Distance:    2044    feet    Direction:    FSL    Distance:    592    feet    Direction:    FEL As Drilled Latitude:    40.470539    As Drilled Longitude:    -104.358202		6. County:    WELD Well Number:    19-09P					
GPS Data: Data of Measurement:    05/13/2010    PDOP Reading:    2.4    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:    WATTENBERG		10. Field Number:    90750					
11. Federal, Indian or State Lease Number:							
12. Spud Date: (when the 1st bit hit the dirt)    04/24/2010    13. Date TD:    04/27/2010    14. Date Casing Set or D&A:    04/27/2010							
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    6895    TVD**		17 Plug Back Total Depth    MD    6836    TVD**					
18. Elevations    GR    4788    KB    4804		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/CCL/VDL, Density/Neutron/Microlog							
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	565	222	0	565	CALC
1ST	7+7/8	4+1/2		0	6,895	550	2,017	6,895	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	
PARKMAN	3,520	3,870	<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,230	4,475	<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,893	5,005	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,395		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	6,669		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	6,693	6,893	<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	6,765		<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: 11/16/2010 Email: JDGarrett@nobleenergyinc.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400109053	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 checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400109048	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400109055	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400109057	LAS-TRIPLE COMBINATION	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)