


<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:  400110588	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:    EILEEN ROBERTS Phone:    (303) 2284330 Fax:    (303) 2284286					
5. API Number    05-123-31139-00 7. Well Name:    70 RANCH USX BB 8. Location:    QtrQtr:    NWNE    Section:    35    Township:    5N    Range:    63W    Meridian:    6 Footage at surface:    Distance:    563    feet    Direction:    FNL    Distance:    1780    feet    Direction:    FEL As Drilled Latitude:    40.361630    As Drilled Longitude:    -104.400346		6. County:    WELD Well Number:    35-02					
GPS Data: Data of Measurement:    09/20/2010    PDOP Reading:    5.3    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 11. Federal, Indian or State Lease Number:		10. Field Number:    90750					
12. Spud Date: (when the 1st bit hit the dirt)    08/10/2010    13. Date TD:    08/13/2010    14. Date Casing Set or D&A:    08/13/2010							
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    6676    TVD**		17 Plug Back Total Depth    MD    6600    TVD**					
18. Elevations    GR    4547    KB    4563		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/GRL/CCL/VDL, CDL/CNL/ML, DIL/GL/GRL							
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	24.00	0	563	314	0	575	CALC
1ST	7+7/8	4+1/2	11.60	0	6,646	550	1,670	6,646	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	6,203		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	6,455		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	6,480		<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	6,557		<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: 11/22/2010 Email: eroberts@nobleenergyinc.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400110592	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>					
400110588	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)