

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: 400106881	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: <u>100322</u>		4. Contact Name: <u>EILEEN ROBERTS</u>					
2. Name of Operator: <u>NOBLE ENERGY INC</u>		Phone: <u>(303) 2284330</u>					
3. Address: <u>1625 BROADWAY STE 2200</u>		Fax: <u>(303) 2284286</u>					
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80202</u>					
5. API Number <u>05-123-31940-00</u>		6. County: <u>WELD</u>					
7. Well Name: <u>DRAKE</u>		Well Number: <u>II18-04</u>					
8. Location: QtrQtr: <u>NWNW</u> Section: <u>18</u> Township: <u>7N</u> Range: <u>66W</u> Meridian: <u>6</u>							
Footage at surface: Distance: <u>560</u> feet Direction: <u>FNL</u> Distance: <u>548</u> feet Direction: <u>FWL</u>							
As Drilled Latitude: <u>40.580060</u> As Drilled Longitude: <u>-104.829846</u>							
GPS Data: Date of Measurement: <u>08/24/2010</u> PDOP Reading: <u>5.1</u> GPS Instrument Operator's Name: <u>Paul Tappy</u>							
** 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: <u>WATTENBERG</u>		10. Field Number: <u>90750</u>					
11. Federal, Indian or State Lease Number: _____							
12. Spud Date: (when the 1st bit hit the dirt) <u>08/14/2010</u> 13. Date TD: <u>08/19/2010</u> 14. Date Casing Set or D&A: <u>08/19/2010</u>							
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 <u>7729</u> TVD** _____		17 Plug Back Total Depth MD <u>7674</u> TVD** _____					
18. Elevations GR <u>5113</u> KB <u>5125</u>		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: <u>SBL/GRL/CCL, CDL/CNL/ML, DIL/GL/GRL</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	12+1/4	8+5/8	24.00	0	557	257	0	565	CALC
1ST	7+7/8	4+1/2	11.60	0	7,719	680	2,250	7,719	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	7,219		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,523		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,545		<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: 12/8/2010 Email: eroberts@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400106885	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>			
400106881	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	req digital CBL	1/19/2011 9:46:42 AM

Total: 1 comment(s)