


|  |  |   |  |  |  |  |                              |   |                           |  |            |  |  |  |                    |                  |                    |                  |            |            |            |  |  |
|--|--|---|--|--|--|--|------------------------------|---|---------------------------|--|------------|--|--|--|--------------------|------------------|--------------------|------------------|------------|------------|------------|--|--|
| <b>FORM</b><br><b>5</b><br>Rev<br>02/08  | <b>State of Colorado</b><br><b>Oil and Gas Conservation Commission</b><br>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> | DE   | ET                                     | OE   | ES                           |   |                           |  |            |  |  |  |                    |                  |                    |                  |            |            |            |  |  |
| DE   | ET   | OE  | ES   |  |  |  |                              |   |                           |  |            |  |  |  |                    |                  |                    |                  |            |            |            |  |  |
| <b>DRILLING COMPLETION REPORT</b>  |  |   | Document Number:<br><br><div style="text-align: center; font-weight: bold;">400117843</div>  |  |  |  |                              |   |                           |  |            |  |  |  |                    |                  |                    |                  |            |            |            |  |  |
| <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   |  |   |  |  |  |  |                              |   |                           |  |            |  |  |  |                    |                  |                    |                  |            |            |            |  |  |
| <table style="width: 100%;"> <tr> <td style="width: 50%;">1. OGCC Operator Number: <u>100322</u></td> <td style="width: 50%;">4. Contact Name: <u>EILEEN ROBERTS</u></td> </tr> <tr> <td>2. Name of Operator: <u>NOBLE ENERGY INC</u></td> <td>Phone: <u>(303) 2284330</u></td> </tr> <tr> <td>3. Address: <u>1625 BROADWAY STE 2200</u></td> <td>Fax: <u>(303) 2284286</u></td> </tr> <tr> <td>City: <u>DENVER</u>    State: <u>CO</u>    Zip: <u>80202</u></td> <td></td> </tr> </table>   |  |   |  | 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>   |            |  |  |  |                    |                  |                    |                  |            |            |            |  |  |
| 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>   |  |   |  |  |  |  |                              |   |                           |  |            |  |  |  |                    |                  |                    |                  |            |            |            |  |  |
| <table style="width: 100%;"> <tr> <td style="width: 50%;">5. API Number <u>05-123-32086-00</u></td> <td style="width: 50%;">6. County: <u>WELD</u></td> </tr> <tr> <td>7. Well Name: <u>DeJong USX</u></td> <td>Well Number: <u>AB13-06P</u></td> </tr> <tr> <td>8. Location:    QtrQtr: <u>SEnw</u>    Section: <u>13</u>    Township: <u>7N</u>    Range: <u>64W</u>    Meridian: <u>6</u></td> <td></td> </tr> <tr> <td>Footage at surface:    Distance: <u>2120</u> feet    Direction: <u>FNL</u>    Distance: <u>1980</u> feet    Direction: <u>FWL</u></td> <td></td> </tr> <tr> <td>As Drilled Latitude: <u>40.574770</u>    As Drilled Longitude: <u>-104.499910</u></td> <td></td> </tr> </table> |  |   |  | 5. API Number <u>05-123-32086-00</u>           | 6. County: <u>WELD</u>                 | 7. Well Name: <u>DeJong USX</u>              | Well Number: <u>AB13-06P</u> | 8. Location:    QtrQtr: <u>SEnw</u> Section: <u>13</u> Township: <u>7N</u> Range: <u>64W</u> Meridian: <u>6</u> |                           | Footage at surface:    Distance: <u>2120</u> feet    Direction: <u>FNL</u> Distance: <u>1980</u> feet    Direction: <u>FWL</u> |            | As Drilled Latitude: <u>40.574770</u> As Drilled Longitude: <u>-104.499910</u> |  |  |                    |                  |                    |                  |            |            |            |  |  |
| 5. API Number <u>05-123-32086-00</u>   | 6. County: <u>WELD</u>   |   |  |  |  |  |                              |   |                           |  |            |  |  |  |                    |                  |                    |                  |            |            |            |  |  |
| 7. Well Name: <u>DeJong USX</u>  | Well Number: <u>AB13-06P</u>   |   |  |  |  |  |                              |   |                           |  |            |  |  |  |                    |                  |                    |                  |            |            |            |  |  |
| 8. Location:    QtrQtr: <u>SEnw</u> Section: <u>13</u> Township: <u>7N</u> Range: <u>64W</u> Meridian: <u>6</u>  |  |   |  |  |  |  |                              |   |                           |  |            |  |  |  |                    |                  |                    |                  |            |            |            |  |  |
| Footage at surface:    Distance: <u>2120</u> feet    Direction: <u>FNL</u> Distance: <u>1980</u> feet    Direction: <u>FWL</u>   |  |   |  |  |  |  |                              |   |                           |  |            |  |  |  |                    |                  |                    |                  |            |            |            |  |  |
| As Drilled Latitude: <u>40.574770</u> As Drilled Longitude: <u>-104.499910</u>   |  |   |  |  |  |  |                              |   |                           |  |            |  |  |  |                    |                  |                    |                  |            |            |            |  |  |
| GPS Data:<br>Date of Measurement: <u>10/28/2010</u> PDOP Reading: <u>3.6</u> GPS Instrument Operator's Name: <u>Paul Tappy</u>   |  |   |  |  |  |  |                              |   |                           |  |            |  |  |  |                    |                  |                    |                  |            |            |            |  |  |
| <table style="width: 100%;"> <tr> <td style="width: 30%;">** If directional footage at Top of Prod. Zone</td> <td style="width: 20%;">Dist.: _____ feet.</td> <td style="width: 20%;">Direction: _____</td> <td style="width: 20%;">Dist.: _____ feet.</td> <td style="width: 20%;">Direction: _____</td> </tr> <tr> <td>Sec: _____</td> <td>Twp: _____</td> <td>Rng: _____</td> <td></td> <td></td> </tr> <tr> <td>** If directional footage at Bottom Hole</td> <td>Dist.: _____ feet.</td> <td>Direction: _____</td> <td>Dist.: _____ feet.</td> <td>Direction: _____</td> </tr> <tr> <td>Sec: _____</td> <td>Twp: _____</td> <td>Rng: _____</td> <td></td> <td></td> </tr> </table>                    |  |   |  | ** 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: _____ |  |  |
| ** 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>09/15/2010</u> 13. Date TD: <u>09/18/2010</u> 14. Date Casing Set or D&A: <u>09/19/2010</u>  |  |   |  |  |  |  |                              |   |                           |  |            |  |  |  |                    |                  |                    |                  |            |            |            |  |  |
| 15. Well Classification:<br><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>7184</u> TVD** _____    17 Plug Back Total Depth    MD <u>7124</u> TVD** _____  |  |   |  |  |  |  |                              |   |                           |  |            |  |  |  |                    |                  |                    |                  |            |            |            |  |  |
| 18. Elevations    GR <u>4820</u> KB <u>4833</u>  |  |   |  |  |  |  |                              |   |                           |  |            |  |  |  |                    |                  |                    |                  |            |            |            |  |  |
| 19. List Electric Logs Run:<br><u>GRL/CCL/CBL/VDL, 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             | 818           | 286       | 0       | 828     | CALC   |
| 1ST         | 7+7/8        | 4+1/2          | 11.60 | 0             | 7,170         | 600       | 2,150   | 7,170   | 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       | 6,697          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| FORT HAYS      | 6,977          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| CODELL         | 7,000          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| GREENHORN      | 7,075          |        | <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: 12/20/2010 Email: eroberts@nobleenergyinc.com

### Attachment Check List

| Att Doc Num                 | Document Name         | attached ? |                                     |    |                                     |
|-----------------------------|-----------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> |                       |            |                                     |    |                                     |
| 400117930                   | 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>    |                       |            |                                     |    |                                     |
| 400117843                   | FORM 5 SUBMITTED      | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |

### General Comments

| User Group | Comment          | Comment Date             |
|------------|------------------|--------------------------|
| Permit     | req digital logs | 1/20/2011<br>12:49:35 PM |

Total: 1 comment(s)