


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: 400149355	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: 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 05-123-30260-00 7. Well Name: GLOVER USX B 8. Location: QtrQtr: NWSE Section: 15 Township: 5N Range: 64W Meridian: 6 Footage at surface: Distance: 2103 feet Direction: FSL Distance: 1936 feet Direction: FEL As Drilled Latitude: 40.397860 As Drilled Longitude: -104.533647		6. County: WELD Well Number: 15-02CD					
GPS Data: Data of Measurement: 06/05/2009 PDOP Reading: 2.3 GPS Instrument Operator's Name: Paul Tappy							
** If directional footage at Top of Prod. Zone Dist.: 709 feet. Direction: FNL Dist.: 2102 feet. Direction: FEL Sec: 15 Twp: 5N Rng: 64W							
** If directional footage at Bottom Hole Dist.: 709 feet. Direction: FNL Dist.: 2102 feet. Direction: FEL Sec: 15 Twp: 5N Rng: 64W							
9. Field Name: KERSEY		10. Field Number: 44600					
11. Federal, Indian or State Lease Number:							
12. Spud Date: (when the 1st bit hit the dirt) 05/18/2009 13. Date TD: 05/23/2009 14. Date Casing Set or D&A: 05/24/2009							
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 7366 TVD** 6857		17 Plug Back Total Depth MD 7323 TVD** 6814					
18. Elevations GR 4573 KB 4586		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, GRL/CCL/CBL/VDL, CBL/GRL/CCL, ACL/TRL/DSNL/SDL, CSL/NGRL/							
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	1,626	576	0	1,638	VISU
1ST	7+7/8	4+1/2	11.60	0	7,340	860	1,494	7,340	CBL

ADDITIONAL CEMENT

Cement work date: 11/22/2010

Details of work:

sussex squeezed remedial cement.

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
SQUEEZE	OPEN HOLE	1,732	50	1,678	1,774

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	6,908		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,185		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,209		<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	7,291		<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: 4/4/2011 Email: eroberts@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400149606	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400149608	Directional Survey **	Yes	<input checked="" type="checkbox"/>	No	<input 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>					
400149355	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)