


<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:  400117972	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    05-123-31249-00 7. Well Name:    FURROW USX 8. Location:    QtrQtr:    SESE    Section:    15    Township:    7N    Range:    64W    Meridian:    6 Footage at surface:    Distance:    860    feet    Direction:    FSL    Distance:    300    feet    Direction:    FEL As Drilled Latitude:    40.568360    As Drilled Longitude:    -104.527110		6. County:    WELD Well Number:    AB15-99HZ					
GPS Data: Data of Measurement:    07/06/2010    PDOP Reading:    2.7    GPS Instrument Operator's Name:    Paul Tappy							
** If directional footage at Top of Prod. Zone    Dist.:    896    feet. Direction:    FSL    Dist.:    171    feet. Direction:    FEL Sec:    15    Twp:    7N    Rng:    64W							
** If directional footage at Bottom Hole    Dist.:    660    feet. Direction:    FNL    Dist.:    1320    feet. Direction:    FWL Sec:    15    Twp:    7N    Rng:    64W							
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)    05/17/2010    13. Date TD:    05/30/2010    14. Date Casing Set or D&A:    05/30/2010							
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    11987    TVD**    6891		17 Plug Back Total Depth    MD    11882    TVD**    6831					
18. Elevations    GR    4828    KB    4844		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: RBT Bond Log, DGR Dual GR/Slimphase 4							

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	13+3/4	9+5/8	36	0	750	371	0	750	CALC
1ST	8+3/4	7+0/0	26	0	7,368	745	4,770	7,368	CBL
1ST LINER	6+1/8	4+1/2	11.6	0	11,972	480		11,972	CALC

### 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	
PIERRE	6,728		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	6,743		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,755		<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: 2/4/2011 Email: JDGarrett@nobleenergyinc.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400117983	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400130622	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 checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400117972	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400117979	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)