


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%; text-align: center;">DE</td> <td style="width: 25%; text-align: center;">ET</td> <td style="width: 25%; text-align: center;">OE</td> <td style="width: 25%; text-align: center;">ES</td> </tr> </table>	DE	ET	OE	ES																
DE	ET	OE	ES																				
DRILLING COMPLETION REPORT			Document Number: <div style="text-align: center; font-weight: bold;">400159703</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>05-123-32545-00</u></td> <td style="width: 50%;">6. County: <u>WELD</u></td> </tr> <tr> <td>7. Well Name: <u>EHRlich STATE PC F</u></td> <td>Well Number: <u>36-33D</u></td> </tr> <tr> <td>8. Location: QtrQtr: <u>NWSW</u> Section: <u>36</u> Township: <u>5N</u> Range: <u>65W</u> Meridian: <u>6</u></td> <td></td> </tr> <tr> <td>Footage at surface: Distance: <u>2069</u> feet Direction: <u>FSL</u> Distance: <u>857</u> feet Direction: <u>FWL</u></td> <td></td> </tr> <tr> <td>As Drilled Latitude: <u>40.354129</u> As Drilled Longitude: <u>-104.617874</u></td> <td></td> </tr> </table>				5. API Number <u>05-123-32545-00</u>	6. County: <u>WELD</u>	7. Well Name: <u>EHRlich STATE PC F</u>	Well Number: <u>36-33D</u>	8. Location: QtrQtr: <u>NWSW</u> Section: <u>36</u> Township: <u>5N</u> Range: <u>65W</u> Meridian: <u>6</u>		Footage at surface: Distance: <u>2069</u> feet Direction: <u>FSL</u> Distance: <u>857</u> feet Direction: <u>FWL</u>		As Drilled Latitude: <u>40.354129</u> As Drilled Longitude: <u>-104.617874</u>											
5. API Number <u>05-123-32545-00</u>	6. County: <u>WELD</u>																						
7. Well Name: <u>EHRlich STATE PC F</u>	Well Number: <u>36-33D</u>																						
8. Location: QtrQtr: <u>NWSW</u> Section: <u>36</u> Township: <u>5N</u> Range: <u>65W</u> Meridian: <u>6</u>																							
Footage at surface: Distance: <u>2069</u> feet Direction: <u>FSL</u> Distance: <u>857</u> feet Direction: <u>FWL</u>																							
As Drilled Latitude: <u>40.354129</u> As Drilled Longitude: <u>-104.617874</u>																							
GPS Data: Data of Measurement: <u>02/17/2011</u> PDOP Reading: <u>3.1</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.: <u>1319</u> feet.</td> <td style="width: 20%;">Direction: <u>FSL</u></td> <td style="width: 20%;">Dist.: <u>86</u> feet.</td> <td style="width: 20%;">Direction: <u>FWL</u></td> </tr> <tr> <td></td> <td>Sec: <u>36</u></td> <td>Twp: <u>5N</u></td> <td>Rng: <u>65W</u></td> <td></td> </tr> <tr> <td>** If directional footage at Bottom Hole</td> <td>Dist.: <u>1314</u> feet.</td> <td>Direction: <u>FSL</u></td> <td>Dist.: <u>101</u> feet.</td> <td>Direction: <u>FWL</u></td> </tr> <tr> <td></td> <td>Sec: <u>36</u></td> <td>Twp: <u>5N</u></td> <td>Rng: <u>65W</u></td> <td></td> </tr> </table>				** If directional footage at Top of Prod. Zone	Dist.: <u>1319</u> feet.	Direction: <u>FSL</u>	Dist.: <u>86</u> feet.	Direction: <u>FWL</u>		Sec: <u>36</u>	Twp: <u>5N</u>	Rng: <u>65W</u>		** If directional footage at Bottom Hole	Dist.: <u>1314</u> feet.	Direction: <u>FSL</u>	Dist.: <u>101</u> feet.	Direction: <u>FWL</u>		Sec: <u>36</u>	Twp: <u>5N</u>	Rng: <u>65W</u>	
** If directional footage at Top of Prod. Zone	Dist.: <u>1319</u> feet.	Direction: <u>FSL</u>	Dist.: <u>86</u> feet.	Direction: <u>FWL</u>																			
	Sec: <u>36</u>	Twp: <u>5N</u>	Rng: <u>65W</u>																				
** If directional footage at Bottom Hole	Dist.: <u>1314</u> feet.	Direction: <u>FSL</u>	Dist.: <u>101</u> feet.	Direction: <u>FWL</u>																			
	Sec: <u>36</u>	Twp: <u>5N</u>	Rng: <u>65W</u>																				
9. Field Name: <u>WATTENBERG</u> 10. Field Number: <u>90750</u>																							
11. Federal, Indian or State Lease Number: <u>81/6053-S</u>																							
12. Spud Date: (when the 1st bit hit the dirt) <u>12/23/2010</u> 13. Date TD: <u>12/26/2010</u> 14. Date Casing Set or D&A: <u>12/26/2010</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>7374</u> TVD** <u>7241</u> 17 Plug Back Total Depth MD <u>7318</u> TVD** <u>7185</u>																							
18. Elevations GR <u>4728</u> KB <u>4741</u>																							
19. List Electric Logs Run: <u>CBL/GRL/CCL, CSL/NGL, SDL/DSNL/ACL/TRL.</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	620	218	0	625	VISU
1ST	7+7/8	4+1/2	11.60	0	7,363	590	2,480	7,363	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	6,913		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,141		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,166		<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	7,253		<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: 4/27/2011 Email: eroberts@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400159741	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400159742	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>					
400159703	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)