


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: 400168409	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 05-123-30836-00 7. Well Name: Coleman C 8. Location: QtrQtr: NWNW Section: 23 Township: 4N Range: 64W Meridian: 6 Footage at surface: Distance: 645 feet Direction: FNL Distance: 680 feet Direction: FWL As Drilled Latitude: 40.303459 As Drilled Longitude: -104.524935		6. County: WELD Well Number: 23-29D					
GPS Data: Data of Measurement: 03/22/2011 PDOP Reading: 2.3 GPS Instrument Operator's Name: Paul Tappy							
** If directional footage at Top of Prod. Zone Dist.: 72 feet. Direction: FNL Dist.: 1319 feet. Direction: FWL Sec: 23 Twp: 4N Rng: 64W							
** If directional footage at Bottom Hole Dist.: 72 feet. Direction: FNL Dist.: 1321 feet. Direction: FWL Sec: 23 Twp: 4N 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) 03/09/2011 13. Date TD: 03/12/2011 14. Date Casing Set or D&A: 03/13/2011							
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 7073 TVD** 6958		17 Plug Back Total Depth MD 7019 TVD** 6904					
18. Elevations GR 4652 KB 4665		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, CDL/CNL/ML, HRIL.							

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	567	236	0	567	VISU
1ST	7+7/8	4+1/2	11.60	0	7,063	600	1,740	7,063	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	6,471		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	6,843		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	6,867		<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	6,942		<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: 5/24/2011 Email: eroberts@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400168463	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400168466	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>					
400168409	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)