

FORM
5Rev
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



DE ET OE ES

Document Number:

400200898

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 ☒ Final completion ☐ Preliminary completion

1. OGCC Operator Number: 100322

4. Contact Name: EILEEN ROBERTS

2. Name of Operator: NOBLE ENERGY INC

Phone: (303) 2284330

3. Address: 1625 BROADWAY STE 2200

Fax: (303) 2284286

City: DENVER State: CO Zip: 80202

5. API Number 05-123-32655-00

6. County: WELD

7. Well Name: Kerksiek USX

Well Number: A18-25

8. Location: QtrQtr: SESW Section: 18 Township: 6N Range: 64W Meridian: 6

Footage at surface: Distance: 1240 feet Direction: FSL Distance: 1424 feet Direction: FWL

As Drilled Latitude: 40.482090 As Drilled Longitude: -104.596730

GPS Data:

Date of Measurement: 05/16/2011 PDOP Reading: 3.4 GPS Instrument Operator's Name: Paul Tappy

** 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: WATTENBERG

10. Field Number: 90750

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 05/05/2011 13. Date TD: 05/08/2011 14. Date Casing Set or D&A: 05/08/2011

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 7167 TVD** 17 Plug Back Total Depth MD 7106 TVD**

18. Elevations GR 4680 KB 4693

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:

GRL/CCL/CBL/VDL, CDL/CNL/ML, HRIL.

20. Casing, Liner and Cement:

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 | 696 | 300 | 0 | 696 | VISU |
| 1ST | 7+7/8 | 4+1/2 | 11.60 | 0 | 7,151 | 575 | 2,167 | 7,151 | 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 | 6,628 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| FORT HAYS | 6,925 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CODELL | 6,949 | | <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: 8/30/2011 Email: eroberts@nobleenergyinc.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | | | |
|-----------------------------|-----------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> | | | | | |
| 400200915 | 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> | | | | | |
| 400200898 | FORM 5 SUBMITTED | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |

General Comments

| User Group | Comment | Comment Date |
|------------|-------------------------|----------------------|
| Permit | REC LOGS DOC#1670116-18 | 9/1/2011 3:34:26 PM |
| Permit | WAITING ON LOGS | 8/30/2011 7:58:02 AM |

Total: 2 comment(s)