

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



DE ET OE ES

Document Number:

400230172

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: Andrea Rawson
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4253
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
City: DENVER State: CO Zip: 80202

5. API Number 05-123-33013-00 6. County: WELD
7. Well Name: POWERS Well Number: X27-15
8. Location: QtrQtr: SWSE Section: 27 Township: 2N Range: 65W Meridian: 6
Footage at surface: Distance: 660 feet Direction: FSL Distance: 1980 feet Direction: FEL
As Drilled Latitude: 40.104091 As Drilled Longitude: -104.647617

GPS Data:
Date of Measurement: 11/01/2011 PDOP Reading: 2.5 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) 09/04/2011 13. Date TD: 09/08/2011 14. Date Casing Set or D&A: 09/08/2011

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 8145 TVD** 17 Plug Back Total Depth MD 8065 TVD**

18. Elevations GR 4961 KB 4974 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:
GR/CCL, CBL/VDL, AC/TR/SD/DSN

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	0	994	387	0	944	CALC
1ST	7+7/8	4+1/2	11.6	0	8,111	700	1,940	8,111	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

Details of work:

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	
PARKMAN	4,041		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,563		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,106		<input type="checkbox"/>	<input type="checkbox"/>	
TEEPEE BUTTES	6,278		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,979		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,261		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,275		<input type="checkbox"/>	<input type="checkbox"/>	
MOWRY	7,703		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,726		<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA	7,910		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Andrea Rawson

Title: Regulatory Specialist Date: _____ Email: arawson@nobleenergyinc.com

The subreport 'subreport3' could not be found at the specified location W:\Inetpub\Net\Reports\AttachListNew.rdlc. Please

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)