

Document Number:  
 400273440

Date Received:

**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 05-013-06560-00 6. County: BOULDER  
 7. Well Name: YOUNG MC Well Number: 23-11D  
 8. Location: QtrQtr: NWSW Section: 23 Township: 1N Range: 69W Meridian: 6  
 Footage at surface: Distance: 2113 feet Direction: FSL Distance: 284 feet Direction: FWL  
 As Drilled Latitude: 40.030910 As Drilled Longitude: -105.090570

GPS Data:  
 Date of Measurement: 09/14/2009 PDOP Reading: 1.9 GPS Instrument Operator's Name: Brian DeRose

\*\* If directional footage at Top of Prod. Zone Dist.: 2045 feet. Direction: FSL Dist.: 1900 feet. Direction: FWL  
 Sec: 23 Twp: 1N Rng: 69W  
 \*\* If directional footage at Bottom Hole Dist.: 2050 feet. Direction: FSL Dist.: 1916 feet. Direction: FWL  
 Sec: 23 Twp: 1N Rng: 69W

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) 09/21/2009 13. Date TD: 09/28/2009 14. Date Casing Set or D&A: 09/29/2009

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

16. Total Depth MD 8760 TVD\*\* 8473 17 Plug Back Total Depth MD 8709 TVD\*\* 8422

18. Elevations GR 5104 KB 5117  
 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, SDL/DSNL/ACL/TRL, CSL/NGRL.

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	13	1,017	374	0	1,028	
1ST	7+7/8	4+1/2	11.60	13	8,749	978	2,400	8,749	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	
NIOBRARA	7,751		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	8,140		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	8,159		<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	8,274		<input type="checkbox"/>	<input type="checkbox"/>	
D SAND	8,526		<input type="checkbox"/>	<input type="checkbox"/>	
MOWRY	8,573		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,587		<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: \_\_\_\_\_ Email: eroberts@nobleenergyinc.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400273460	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400273463	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>			
400273455	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400273458	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400273466	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)