

FORM
5

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400299563

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
2. Name of Operator: NOBLE ENERGY INC
3. Address: 1625 BROADWAY STE 2200
City: DENVER State: CO Zip: 80202
4. Contact Name: Tania McNutt
Phone: (303) 228-4392
Fax: (303) 228-4286

5. API Number 05-123-31105-00
6. County: WELD
7. Well Name: DF RANCH Well Number: 1161-8-14
8. Location: QtrQtr: SENE Section: 8 Township: 11N Range: 61W Meridian: 6
Footage at surface: Distance: 1980 feet Direction: FNL Distance: 660 feet Direction: FEL
As Drilled Latitude: 40.938040 As Drilled Longitude: -104.222350

GPS Data:
Date of Measurement: 03/15/2012 PDOP Reading: 3.7 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: GROVER 10. Field Number: 33380
11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 01/22/2012 13. Date TD: 01/25/2012 14. Date Casing Set or D&A: 01/26/2012

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

16. Total Depth MD 7950 TVD** 17 Plug Back Total Depth MD 7888 TVD**

18. Elevations GR 5286 KB 5299
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
Triple Combo

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	13	1,104	349	0	1,104	
1ST	7+7/8	4+1/2	11.6	13	7,934	680	1,670	7,934	

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf 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	4,108		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,930		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,728		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,891		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,152		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,183		<input type="checkbox"/>	<input type="checkbox"/>	
MOWRY	7,733		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,761		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Hard copies of logs were mailed to COGCC on 6/25/12

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

Signed: _____ Print Name: Tania McNutt

Title: Regulatory Analyst Date: _____ Email: tmcnutt@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400299584	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 checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other Attachments			
400299567	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400299568	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400299581	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400299582	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)