FORM 5	State of Colorado	DE	ET	OE	ES

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

DRILLING COMPLETION REPORT

DE	ET	OE	ES

Document Number:
1706839

Date Received:
12/10/2008

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: ANDREA RAWSON

   Phone: (281) 876-6105

   Fax: (281) 876-2503

5. API Number   05-123-26931-00

6. County: WELD

7. Well Name: CANNON W   Well Number: 15-24

8. Location: QtrQtr: SWSE   Section: 15   Township: 2N   Range: 66W   Meridian: 6

   Footage at surface: Distance: 1300   feet   Direction: FSL   Distance: 2615   feet   Direction: FEL

   As Drilled Latitude: 40.134474   As Drilled Longitude: -104.763229

GPS Data:

   Data of Measurement: 12/08/2008   PDOP Reading: 2.9   GPS Instrument Operator's Name: BRIAN DEROSE

   ** 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: SPINDLE   10. Field Number: 77900

11. Federal, Indian or State Lease Number:_____

12. Spud Date: (when the 1st bit hit the dirt)   07/26/2008   13. Date TD: 07/29/2008   14. Date Casing Set or D&A: 07/30/2008

15. Well Classification:

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

16. Total Depth   MD   8144   TVD**_____   17 Plug Back Total Depth   MD   8097   TVD**_____

18. Elevations   GR   5030   KB   5044

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/GR/CCL, CDL/CN/ML, DIL/GR

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		0	955	500	0	955	CALC
1ST	7+7/8	4+1/2		0	8,118	720	6,532	8,143	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____					
Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	5,650		2,168	5,656

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	7,214		☐	☐	
FORT HAYS	7,478		☐	☐	
CODELL	7,499		☐	☐	
D SAND	7,887		☐	☐	
MOWRY	7,933		☐	☐	
J SAND	7,943		☐	☐	

Comment:

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

Signed: Y

Print Name: ANDREA RAWSON

Title: REGULATORY SPEC. Date: 12/9/2008 Email: ARAWSON@NOBLEENERGYINC.COM

Attachment Check List

Att Doc Num	Document Name	attached ?
	Attachment Checklist	
	CMT Summary *	Yes ☐ No ☒
	Core Analysis	Yes ☐ No ☒
	Directional Survey **	Yes ☐ No ☒
	DST Analysis	Yes ☐ No ☒
	Logs	Yes ☐ No ☒
	Other	Yes ☐ No ☒

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)