

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:

400270031

Date Received:

04/26/2012

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: Liz Lindow
Phone: (303) 228-4342
Fax: (303) 228-4286

5. API Number 05-123-33029-00
6. County: WELD
7. Well Name: HBR PC G Well Number: 11-21D
8. Location: QtrQtr: SWNE Section: 11 Township: 4N Range: 65W Meridian: 6
Footage at surface: Distance: 1934 feet Direction: FNL Distance: 1998 feet Direction: FEL
As Drilled Latitude: 40.328950 As Drilled Longitude: -104.628100

GPS Data:
Date of Measurement: 01/19/2012 PDOP Reading: 2.7 GPS Instrument Operator's Name: Paul Tappy

** If directional footage at Top of Prod. Zone Dist.: 1294 feet. Direction: FSL Dist.: 2496 feet. Direction: FEL
Sec: 11 Twp: 4N Rng: 65W
** If directional footage at Bottom Hole Dist.: 1293 feet. Direction: FSL Dist.: 2480 feet. Direction: FEL
Sec: 11 Twp: 4N Rng: 65W

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) 11/18/2011 13. Date TD: 11/21/2011 14. Date Casing Set or D&A: 11/22/2011

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

16. Total Depth MD 7350 TVD** 7261 17 Plug Back Total Depth MD 7373 TVD** 7284

18. Elevations GR 4691 KB 4704
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:
Triple Combo, CBL

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	703	256	0	703	CALC
1ST	7+7/8	4+1/2	11.6	0	7,340	640	2,190	7,340	CBL

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	
NIOBRARA	6,770		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,059		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,086		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Hard copies of logs sent 4/9/2012

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

Signed: _____ Print Name: Liz Lindow

Title: Regulatory Analyst Date: 4/26/2012 Email: llindow@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400270042	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400270035	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>			
400270031	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400270037	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400276329	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400277497	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)