

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:
400281792

Date Received:
05/07/2012

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 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 05-123-34066-00 6. County: WELD
 7. Well Name: VISTA USX Well Number: WW33-17D
 8. Location: QtrQtr: NWNE Section: 33 Township: 1N Range: 66W Meridian: 6
 Footage at surface: Distance: 721 feet Direction: FNL Distance: 2032 feet Direction: FEL
 As Drilled Latitude: 40.012980 As Drilled Longitude: -104.779950

GPS Data:
 Date of Measurement: 10/06/2011 PDOP Reading: 3.5 GPS Instrument Operator's Name: Paul Tappy

** If directional footage at Top of Prod. Zone Dist.: 1265 feet. Direction: FNL Dist.: 1242 feet. Direction: FEL
 Sec: 33 Twp: 1N Rng: 66W
 ** If directional footage at Bottom Hole Dist.: 1265 feet. Direction: FNL Dist.: 1242 feet. Direction: FEL
 Sec: 33 Twp: 1N Rng: 66W

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) 09/30/2011 13. Date TD: 10/04/2011 14. Date Casing Set or D&A: 10/04/2011

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

16. Total Depth MD 8398 TVD** 8286 17 Plug Back Total Depth MD 8342 TVD** 8230

18. Elevations GR 5071 KB 5085 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, SD/DSN/AC/TR, CS/NG

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 | 1,426 | 538 | 0 | 1,426 | CALC |
| 1ST | 7+7/8 | 4+1/2 | 11.6 | 0 | 7,387 | 725 | 2,140 | 7,387 | |

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 | 4,422 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| SUSSEX | 4,903 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| SHANNON | 5,557 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| NIOBRARA | 7,420 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| FORT HAYS | 7,766 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CODELL | 7,789 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| MOWRY | 8,087 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| J SAND | 8,100 | | <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: Andrea Rawson

Title: Regulatory Specialist Date: 5/7/2012 Email: arawson@nobleenergyinc.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | |
|-----------------------------|----------------------------|---|--|
| <u>Attachment Checklist</u> | | | |
| 400281811 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 400281810 | 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> | | | |
| 400281792 | DRILLING COMPLETION REPORT | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400281803 | LAS-CEMENT BOND | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400281809 | LAS-TRIPLE COMBINATION | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400281813 | DIRECTIONAL DATA | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400319025 | FORM 5 SUBMITTED | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

General Comments

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

Total: 0 comment(s)