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Document Number:
 400323260

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: JEAN MUSE-REYNOLDS
 2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4316
 3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-34682-00 6. County: WELD
 7. Well Name: HOFFMAN C Well Number: 02-20D
 8. Location: QtrQtr: NESW Section: 2 Township: 4N Range: 64W Meridian: 6
 Footage at surface: Distance: 2391 feet Direction: FSL Distance: 2365 feet Direction: FWL
 As Drilled Latitude: 40.340750 As Drilled Longitude: -104.518570

GPS Data:
 Date of Measurement: 03/22/2012 PDOP Reading: 2.6 GPS Instrument Operator's Name: PAUL TAPPY

** If directional footage at Top of Prod. Zone Dist.: 2570 feet. Direction: FNL Dist.: 1391 feet. Direction: FWL
 Sec: 2 Twp: 4N Rng: 64W
 ** If directional footage at Bottom Hole Dist.: 2564 feet. Direction: FNL Dist.: 1384 feet. Direction: FWL
 Sec: 2 Twp: 4N Rng: 64W

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) 04/06/2012 13. Date TD: 04/10/2012 14. Date Casing Set or D&A: 04/11/2012

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

16. Total Depth MD 7055 TVD** 6932 17 Plug Back Total Depth MD 6991 TVD** 6868

18. Elevations GR 4620 KB 4633 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:
 DIL/GR/SP/Caliper
 Caliper/Comp. Density/Neutron/GR/SP/ML
 CBL/CCL/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	24	13	702	324	13	702	
1ST	7+7/8	4+1/2	11.6	13	7,043	560	1,748	7,043	

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	
PIERRE	2,548		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,523		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,205		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,854		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,563		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	6,862		<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: JEAN MUSE-REYNOLDS

Title: Regulatory Compliance

Date: _____

Email: jmuse@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400326275	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400326277	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"/>
Other Attachments			
400326269	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400326270	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400326274	DIRECTIONAL DATA	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)