

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.

Document Number:
400347094

Date Received:

Completion Type Final completion Preliminary completion

1. OGCC Operator Number: <u>100322</u>	4. Contact Name: <u>EILEEN ROBERTS</u>
2. Name of Operator: <u>NOBLE ENERGY INC</u>	Phone: <u>(303) 2284330</u>
3. Address: <u>1625 BROADWAY STE 2200</u>	Fax: <u>(303) 2284286</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

5. API Number <u>05-123-33305-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>TIMBRO PC</u>	Well Number: <u>LD16-17</u>
8. Location: QtrQtr: <u>SENE</u> Section: <u>16</u> Township: <u>9N</u> Range: <u>58W</u> Meridian: <u>6</u>	
Footage at surface: Distance: <u>1846</u> feet Direction: <u>FNL</u>	Distance: <u>1200</u> feet Direction: <u>FEL</u>
As Drilled Latitude: <u>40.753520</u>	As Drilled Longitude: <u>-103.864090</u>

GPS Data:
 Date of Measurement: 05/26/2011 PDOP Reading: 5.0 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: WILDCAT 10. Field Number: 99999

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 05/02/2011 13. Date TD: 05/09/2011 14. Date Casing Set or D&A: 05/11/2011

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 6659 TVD** _____ 17 Plug Back Total Depth MD 6592 TVD** _____

18. Elevations GR 4775 KB 4790

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:

GRL/CCL/CBL/VDL, ACL/TRL/SDL/DSNL, CSL/NGR.

No other logs sent at this time.

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	24.00	15	1,166	440	1,000	1,178	
1ST	7+7/8	4+1/2	11.60	15	6,636	600	0	6,636	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	
SUSSEX	3,886		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,131		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	5,603		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	5,892		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	5,915		<input type="checkbox"/>	<input type="checkbox"/>	Well shut in at this time no form 5a,10 no perf or frac.

Comment:

Well shut in no Perf or Frac. No form 5a or 10 at this time.

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

Signed: _____ Print Name: Eileen Roberts

Title: Regulatory Specialist Date: _____ Email: eroberts@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400347377	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400347430	Core Analysis	Yes <input checked="" type="checkbox"/>	No <input 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			
400347375	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)