

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



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Document Number:
400351956

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 05-123-33561-00 6. County: WELD
 7. Well Name: HUDSON STATE X Well Number: 36-01D
 8. Location: QtrQtr: SENE Section: 36 Township: 2N Range: 65W Meridian: 6
 Footage at surface: Distance: 2065 feet Direction: FNL Distance: 680 feet Direction: FEL
 As Drilled Latitude: 40.096460 As Drilled Longitude: -104.605030

GPS Data:
 Date of Measurement: 09/19/2012 PDOP Reading: 3.6 GPS Instrument Operator's Name: PAUL TAPPY

** If directional footage at Top of Prod. Zone Dist.: 655 feet. Direction: FNL Dist.: 659 feet. Direction: FEL
 Sec: 36 Twp: 2N Rng: 65W
 ** If directional footage at Bottom Hole Dist.: 652 feet. Direction: FNL Dist.: 658 feet. Direction: FEL
 Sec: 36 Twp: 2N Rng: 65W

9. Field Name: WATTENBERG 10. Field Number: 90750
 11. Federal, Indian or State Lease Number: 71/7898-S

12. Spud Date: (when the 1st bit hit the dirt) 08/04/2011 13. Date TD: 08/07/2011 14. Date Casing Set or D&A: 08/08/2011

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

16. Total Depth MD 7783 TVD** 7564 17 Plug Back Total Depth MD 7733 TVD** 7514

18. Elevations GR 4918 KB 4931 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
 TRIPLE COMBO

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	996	376	13	996	
1ST	7+7/8	4+1/2	11.6	2281	7,773	670	2,281	7,773	

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	3,000		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	4,487		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,896		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,535		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,355		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,381		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

NO OPEN HOLE LOGS WERE RUN
CODELL IS PRODUCING THROUGH COMPOSITE FLOW-THROUGH PLUG

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 ?	
<u>Attachment Checklist</u>			
400354572	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400354425	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>			
400354418	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400354422	LAS-DIRECTIONAL SURVEY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400356703	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)