

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:

400386159

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.

Completion Type [X] Final completion [] Preliminary completion

1. OGCC Operator Number: 100322 4. Contact Name: Julie Webb
2. Name of Operator: NOBLE ENERGY INC Phone: (720) 587-2316
3. Address: 1625 BROADWAY STE 2200 Fax:
City: DENVER State: CO Zip: 80202

5. API Number 05-123-13967-00 6. County: WELD
7. Well Name: MOSSBERG PM J Well Number: 28-9
8. Location: QtrQtr: NESE Section: 28 Township: 5N Range: 66W Meridian: 6
Footage at surface: Distance: 2141 feet Direction: FSL Distance: 584 feet Direction: FEL
As Drilled Latitude: As Drilled Longitude:

GPS Data:
Date of Measurement: PDOP Reading: GPS Instrument Operator's Name:

** 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: WATTENBERG 10. Field Number: 90750
11. Federal, Indian or State Lease Number: 67837

12. Spud Date: (when the 1st bit hit the dirt) 06/30/1988 13. Date TD: 07/05/1988 14. Date Casing Set or D&A: 07/05/1988

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

16. Total Depth MD 7420 TVD** 17 Plug Back Total Depth MD 7398 TVD**

18. Elevations GR 4818 KB 4828
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:
Gamma Ray CCL/CBL

20. Casing, Liner and Cement:

CASING

Table with 10 columns: Casing Type, Size of Hole, Size of Casing, Wt/Ft, Csg/Liner Top, Setting Depth, Sacks Cmt, Cmt Top, Cmt Bot, Status. Rows include SURF and 1ST.

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 10/31/2012

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	S.C. 1.1		300	0	576

Details of work:

Control well w/ 50 bbls kill fluid. RIH w/ blade bit, and scraper, 221 jts. Tagged fill at 6825 KB. TIH w/ 4 1/2" RBP, retrieved head, 220 jts tubing. Set RBP @ 6797 KB w/ 220 jts. Roll hole. PSI test csg to 1000#. Unland casing. Pick Up mule shoe and TIH w/18 jts of 1 1/4" to 576'. Established circulation and roll hole. Test iron to 2500 psi. Pump 5 bbls ahead. Pump 300 sks of "G" neat 15.8 ppg cement from 576' to surface. Had circulation during entire job. Relanded casing at 88000#. Bond log from 1000' to surface. Annular cement started at 580'. RIH w/ retrieving head and establish circulation and latch onto RBP. Roll hole clean and release RBP. . Land 2 3/8" 4.7# J-55 tubing to 6480'. Rig down and move off.

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	
			<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Gamma Ray CCL/CBL hard copy will be mailed.

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

Signed: _____ Print Name: Julie Webb

Title: Regulatory Analyst Date: _____ Email: juliewebb@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400386185	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" 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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)