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

DRILLING COMPLETION REPORT

Document Number: 1914939

Date Received: 09/26/2007

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
2. Name of Operator: NOBLE ENERGY INC
3. Address: 100 GLENBOROUGH STE 100
    City: HOUSTON   State: TX   Zip: 77067

4. Contact Name: ANDREA RAWSON
   Phone: (281) 876-6105
   Fax: (281) 876-2503

5. API Number: 05-123-27047-00
6. County: WELD
7. Well Name: WELLS RANCH USX AA   Well Number: 25-11
8. Location: QtrQtr: NESW   Section: 25   Township: 6N   Range: 63W   Meridian: 6
   Footage at surface: Distance: 1880 feet Direction: FSL   Distance: 1880 feet Direction: FWL
   As Drilled Latitude: 40.455350   As Drilled Longitude: -104.387830

GPS Data:
   Data of Measurement: 06/08/2007   PDOP Reading: 1.5   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: WATTENBERG   10. Field Number: 90750
11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 04/09/2007 13. Date TD: 04/12/2007 14. Date Casing Set or D&A: 04/12/2007

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

16. Total Depth MD 6893   TVD** _____   17 Plug Back Total Depth MD 6848   TVD** _____

18. Elevations GR 4747   KB 4759 | 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:
GR/CCL/CBL, CDL/CNL/ML,DIL/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		0	434	220	0	434	
1ST	7+7/8	4+1/2		0	6,864	890	1,375	6,893	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	4,223		☐	☐	
SHANNON	4,786		☐	☐	
NIOBRARA	6,418		☐	☐	
FORT HAYS	6,668		☐	☐	
CODELL	6,693		☐	☐	

Comment:

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

Signed: Y

Print Name: ANDREA RAWSON

Title: REGULATORY SPECIALIST   Date: 8/23/2007   Email:

Attachment Check List

Att Doc Num	Document Name	attached ?
	Attachment Checklist	
	CMT Summary *	Yes ☐ No ☒
	Core Analysis	Yes ☐ No ☒
	Directional Survey **	Yes ☐ No ☒
	DST Analysis	Yes ☐ No ☒
	Logs	Yes ☐ No ☒
	Other	Yes ☐ No ☒

General Comments

User Group	**Comment**	**Comment Date**

Total: 0 comment(s)