

FORM
5Rev
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:

1666766

Date Received:

02/01/2010

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: EILEEN ROBERTS

2. Name of Operator: NOBLE ENERGY INC

Phone: (281) 876-6105

3. Address: 1625 BROADWAY STE 2200 AT

Fax: (281) 876-2503

City: DENVER State: CO Zip: 80202

5. API Number 05-123-29722-00

6. County: WELD

7. Well Name: HERMAN L.

Well Number: 32-33

8. Location: QtrQtr: NWSW Section: 32 Township: 3N Range: 66W Meridian: 6

Footage at surface: Distance: 1379 feet Direction: FSL Distance: 75 feet Direction: FWL

As Drilled Latitude: 40.177820 As Drilled Longitude: -104.810267

GPS Data:

Date of Measurement: 10/13/2009 PDOP Reading: 1.7 GPS Instrument Operator's Name: BRIAN DEROSE

** 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) 10/04/2009 13. Date TD: 10/08/2009 14. Date Casing Set or D&A: 10/09/2009

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 7992 TVD** 17 Plug Back Total Depth MD 7992 TVD**

18. Elevations GR 4841 KB 4856

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/GR/CCL,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 | 715 | 230 | 0 | 726 | |
| 1ST | 7+7/8 | 4+1/2 | | 0 | 7,975 | 910 | 1,230 | 7,992 | 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 | |
| NIOBRARA | 7,072 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| FORT HAYS | 7,330 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CODELL | 7,351 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| GREENHORN | 7,414 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| J SAND | 7,772 | | <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: Y _____ | Print Name: EILEEN ROBERTS _____ |
| Title: REGULATORY SPECIALIST _____ | Date: 1/21/2010 _____ Email: EROBERTS@NOBLEENERGYINC.COM _____ |

Attachment Check List

| Att Doc Num | Document Name | attached ? | | | |
|-----------------------------|-----------------------|------------|--------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> | | | | | |
| | CMT Summary * | Yes | <input type="checkbox"/> | No | <input checked="" 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)