

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:

400398684

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
2. Name of Operator: NOBLE ENERGY INC
3. Address: 1625 BROADWAY STE 2200
City: DENVER State: CO Zip: 80202
4. Contact Name: JEAN MUSE-REYNOLDS
Phone: (303) 228-4316
Fax: (303) 228-4286

5. API Number 05-123-32548-00
6. County: WELD
7. Well Name: NCLP PC AA Well Number: 08-08D
8. Location: QtrQtr: SESW Section: 8 Township: 6N Range: 63W Meridian: 6
Footage at surface: Distance: 2107 feet Direction: FNL Distance: 2154 feet Direction: FWL
As Drilled Latitude: 40.502580 As Drilled Longitude: -104.462550

GPS Data:

Data of Measurement: 05/06/2011 PDOP Reading: 2.6 GPS Instrument Operator's Name: PAUL TAPPY

** If directional footage at Top of Prod. Zone Dist.: 1934 feet. Direction: FNL Dist.: 815 feet. Direction: FEL

Sec: 8 Twp: 6N Rng: 63W

** If directional footage at Bottom Hole Dist.: 1935 feet. Direction: FNL Dist.: 806 feet. Direction: FEL

Sec: 8 Twp: 6N Rng: 63W

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) 04/29/2011 13. Date TD: 05/03/2011 14. Date Casing Set or D&A: 04/30/2011

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7572 TVD** 7034 17 Plug Back Total Depth MD 7509 TVD** 6971

18. Elevations GR 4711 KB 4724

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:

TRIPLE COMBO
CBL

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	543	197	0	543	
1ST	7+7/8	4+1/2	11.6	13	7,554	650	1,830	7,554	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	7,050		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,309		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,333		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

CODELL PRODUCING THROUGH FLOW-THRU PLUG
FLOWBACK VOLUMES REPORTED ON NIOBRARA COMPLETION

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>			
400398808	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400398773	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>			
400398769	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400398772	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400406446	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)