

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:
400409601

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: Kathleen Mills
Phone: (720) 587-2226
Fax: (303) 228-4286

5. API Number 05-123-34814-00
6. County: WELD
7. Well Name: ROY K Well Number: 25-64-1HN
8. Location: QtrQtr: SESE Section: 25 Township: 4N Range: 66W Meridian: 6
Footage at surface: Distance: 1184 feet Direction: FSL Distance: 357 feet Direction: FEL
As Drilled Latitude: 40.279450 As Drilled Longitude: -104.716810

GPS Data:

Data of Measurement: 05/02/2012 PDOP Reading: 2.3 GPS Instrument Operator's Name: PAUL TAPPY

** If directional footage at Top of Prod. Zone Dist.: 1693 feet. Direction: FSL Dist.: 992 feet. Direction: FEL

Sec: 25 Twp: 4N Rng: 66W

** If directional footage at Bottom Hole Dist.: 1519 feet. Direction: FSL Dist.: 530 feet. Direction: FWL

Sec: 25 Twp: 4N Rng: 66W

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) 06/16/2012 13. Date TD: 06/16/2012 14. Date Casing Set or D&A: 08/16/2012

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 11295 TVD** 7092 17 Plug Back Total Depth MD 10623 TVD** 6420

18. Elevations GR 4801 KB 4816

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, NO OTHER LOGS SENT AT THIS TIME

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 |
|-------------|--------------|----------------|-------|---------------|---------------|-----------|---------|---------|--------|
| CONDUCTOR | 24 | 16 | 75 | 0 | 124 | | 0 | 124 | |
| SURF | 13+3/4 | 9+5/8 | 36 | 0 | 622 | 341 | 0 | 662 | |
| 1ST | 8+3/4 | 7 | 26 | 0 | 7,365 | 650 | 662 | 7,365 | |
| 1ST LINER | 6+1/8 | 4+1/2 | 11.6 | 6637 | 10,624 | 0 | | | |

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 | 2,809 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| PARKMAN | 3,787 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| SUSSEX | 4,512 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| SHANNON | 5,263 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| TEEPEE BUTTES | 6,256 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| NIOBRARA | 7,043 | | <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: _____ Print Name: Kathleen Mills

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

Attachment Check List

| Att Doc Num | Document Name | attached ? | |
|-----------------------------|-----------------------|-----------------------------------------|----------------------------------------|
| Attachment Checklist | | | |
| 400409614 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 400409615 | 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"/> |
| Other Attachments | | | |
| 400409613 | LAS-CEMENT BOND | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400409616 | DIRECTIONAL DATA | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

General Comments

User Group

Comment

Comment Date

| User Group | Comment | Comment Date |
|------------|---------|--------------|
| | | |

Total: 0 comment(s)