

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:

400435843

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 05-123-34684-00
6. County: WELD
7. Well Name: SEBASTYEN PC Well Number: 023-63HC
8. Location: QtrQtr: NWSW Section: 23 Township: 4N Range: 67W Meridian: 6
Footage at surface: Distance: 1874 feet Direction: FSL Distance: 517 feet Direction: FWL
As Drilled Latitude: 40.295720 As Drilled Longitude: -104.865630

GPS Data:
Date of Measurement: 12/10/2012 PDOP Reading: 6.8 GPS Instrument Operator's Name: PAUL TAPPY

** If directional footage at Top of Prod. Zone Dist.: 1280 feet. Direction: FSL Dist.: 748 feet. Direction: FWL
Sec: 23 Twp: 4N Rng: 67W

** If directional footage at Bottom Hole Dist.: 1298 feet. Direction: FSL Dist.: 535 feet. Direction: FEL
Sec: 23 Twp: 4N Rng: 67W

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) 01/18/2013 13. Date TD: 02/01/2013 14. Date Casing Set or D&A: 02/02/2013

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

16. Total Depth MD 11768 TVD** 7382 17 Plug Back Total Depth MD 11752 TVD** 7366

18. Elevations GR 4914 KB 4931
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, MUD, 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 |
|-------------|--------------|----------------|-------|---------------|---------------|-----------|---------|---------|--------|
| CONDUCTOR | 26 | 16 | 84 | 0 | 97 | 80 | 0 | 97 | VISU |
| SURF | 13+3/4 | 9+5/8 | 36 | 0 | 567 | 315 | 0 | 567 | VISU |
| 1ST | 8+3/4 | 7 | 26 | 0 | 7,727 | 645 | 400 | 7,727 | CALC |
| 1ST LINER | 6+1/8 | 4+1/2 | 11.6 | 7578 | 11,753 | 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 | 2,744 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| PARKMAN | 3,582 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| SUSSEX | 4,370 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| SHANNON | 4,797 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| TEEPEE BUTTES | 6,344 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| NIOBRARA | 7,205 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| FORT HAYS | 11,653 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CODELL | 12,720 | | <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 | | | |
| 400436019 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 400436020 | 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 | | | |
| 400436004 | LAS-MUD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400436007 | LAS-MUD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400436010 | PDF-MUD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400436013 | PDF-MUD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400436015 | LAS-GAMMA RAY | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400436021 | DIRECTIONAL DATA | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400437874 | PDF-CEMENT BOND | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|----------------|---------------------|
| | | |

Total: 0 comment(s)