

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:
400438389

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 05-123-36286-00
6. County: WELD
7. Well Name: KNAUB PC G Well Number: 04-64-1HN
8. Location: QtrQtr: NWSW Section: 4 Township: 4N Range: 65W Meridian: 6
Footage at surface: Distance: 2253 feet Direction: FSL Distance: 290 feet Direction: FWL
As Drilled Latitude: 40.340560 As Drilled Longitude: -104.676690

GPS Data:

Date of Measurement: 01/09/2013 PDOP Reading: 2.1 GPS Instrument Operator's Name: PAUL TAPPY

** If directional footage at Top of Prod. Zone Dist.: 1647 feet. Direction: FSL Dist.: 860 feet. Direction: FWL

Sec: 4 Twp: 4N Rng: 65W

** If directional footage at Bottom Hole Dist.: 1622 feet. Direction: FSL Dist.: 535 feet. Direction: FEL

Sec: 4 Twp: 4N Rng: 65W

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) 02/20/2013 13. Date TD: 02/26/2013 14. Date Casing Set or D&A: 02/27/2013

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 11410 TVD** 6998 17 Plug Back Total Depth MD 11400 TVD** 6988

18. Elevations GR 4678 KB 4708

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 (logs sent 3/25/13)

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	42.05	0	130	160	0	130	VISU
SURF	13+3/4	9+5/8	36	0	637	364	0	637	CALC
1ST	8+3/4	7	26	0	7,426	630	1,120	7,426	
1ST LINER	6+1/8	4+1/2	11.6	7274	11,400	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	2,492		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,683		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,331		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,922		<input type="checkbox"/>	<input type="checkbox"/>	
TEEPEE BUTTES	6,172		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,929		<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			
400438429	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400438430	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			
400438398	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400438399	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400438401	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400438403	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400438408	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400438445	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400438771	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)