

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:

400444529

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: <u>100322</u>	4. Contact Name: <u>Kathleen Mills</u>
2. Name of Operator: <u>NOBLE ENERGY INC</u>	Phone: <u>(720) 587-2226</u>
3. Address: <u>1625 BROADWAY STE 2200</u>	Fax: <u>(303) 228-4286</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

5. API Number <u>05-123-36676-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>WILD HORSE GV</u>	Well Number: <u>28-72HN</u>
8. Location: QtrQtr: <u>SESE</u> Section: <u>28</u> Township: <u>9N</u> Range: <u>61W</u> Meridian: <u>6</u>	
Footage at surface: Distance: <u>402</u> feet Direction: <u>FSL</u> Distance: <u>293</u> feet Direction: <u>FEL</u>	
As Drilled Latitude: <u>40.713796</u> As Drilled Longitude: <u>-104.202225</u>	

GPS Data:

Data of Measurement: 04/14/2013 PDOP Reading: 5.0 GPS Instrument Operator's Name: BRANDI BINGHAM

** If directional footage at Top of Prod. Zone Dist.: 868 feet. Direction: FSL Dist.: 686 feet. Direction: FEL

Sec: 28 Twp: 9N Rng: 61W

** If directional footage at Bottom Hole Dist.: 684 feet. Direction: FNL Dist.: 746 feet. Direction: FEL

Sec: 28 Twp: 9N Rng: 61W

9. Field Name: <u>WILDCAT</u>	10. Field Number: <u>99999</u>
11. Federal, Indian or State Lease Number: _____	

12. Spud Date: (when the 1st bit hit the dirt) <u>03/13/2013</u>	13. Date TD: <u>03/23/2013</u>	14. Date Casing Set or D&A: <u>03/24/2013</u>
------------------------------------------------------------------	--------------------------------	-----------------------------------------------

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD <u>10796</u> TVD** <u>6503</u>	17 Plug Back Total Depth MD <u>10780</u> TVD** <u>6503</u>
---------------------------------------------------	------------------------------------------------------------

18. Elevations GR <u>4958</u> KB <u>4974</u>	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	20	133	0	88	80	0	88	VISU
SURF	13+3/4	9+5/8	36	0	715	389	0	716	VISU
1ST	8+3/4	7	26	0	6,896	575	1,070	6,896	CALC
1ST LINER	6+1/8	4+1/2	11.6	6797	10,781	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	2,661		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,673		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,417		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,203		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,564		<input type="checkbox"/>	<input type="checkbox"/>	
TEEPEE BUTTES	6,808		<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			
400444539	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400444542	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			
400444538	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400444552	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400444912	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400444914	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400444915	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400444916	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400444917	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400444918	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400444919	PDF-GAMMA RAY	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)