

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



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Document Number:

1883253

Date Received:

05/08/2008

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 AT
City: DENVER State: CO Zip: 80202
4. Contact Name: LINDA J. PAVELKA
Phone: (281) 876-6105
Fax: (281) 876-2503

5. API Number 05-045-12790-00
6. County: GARFIELD
7. Well Name: NOCKS Well Number: 2-31B
8. Location: QtrQtr: NENE Section: 2 Township: 8S Range: 96W Meridian: 6
Footage at surface: Distance: 1139 feet Direction: FNL Distance: 599 feet Direction: FEL
As Drilled Latitude: 39.383422 As Drilled Longitude: -108.069632

GPS Data:

Data of Measurement: 01/26/2008 PDOP Reading: 2.3 GPS Instrument Operator's Name: RONALD C. RENNKE

** If directional footage at Top of Prod. Zone Dist.: 487 feet. Direction: FNL Dist.: 2259 feet. Direction: FEL

Sec: 2 Twp: 8S Rng: 96W

** If directional footage at Bottom Hole Dist.: 522 feet. Direction: FNL Dist.: 2411 feet. Direction: FEL

Sec: 2 Twp: 8S Rng: 96W

9. Field Name: GRAND VALLEY 10. Field Number: 31290

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 10/22/2007 13. Date TD: 10/29/2007 14. Date Casing Set or D&A: 10/30/2007

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 6810 TVD** 6329 17 Plug Back Total Depth MD 6805 TVD** 6324

18. Elevations GR 5723 KB 5744

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:

RMT/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
CONDUCTOR	20	16		0	65		0	65	
SURF	12+1/4	8+5/8	24	0	2,917	675	0	2,917	
1ST	7+7/8	4+1/2		0	6,810	738	2,960	6,810	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	
WILLIAMS FORK	3,091		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	5,555		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	5,959		<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	6,223		<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	6,469		<input type="checkbox"/>	<input type="checkbox"/>	
MANCOS	6,621		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

TOP OF GAS 4468'

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: N Print Name: LINDA J. PAVLEKA

Title: REG ANALYST Date: 5/7/2008 Email: LPAVELKA@NOBLEENERGYINC.COM

Attachment Check List

Att Doc Num	Document Name	attached ?
Attachment Checklist		
	CMT Summary *	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
1825617	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 type="checkbox"/> No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)