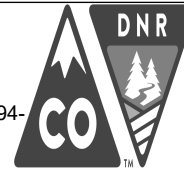


FORM
5

Rev
09/14

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:

400461069

Date Received:

08/13/2013

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

OGCC Operator Number: 100322 Contact Name: Kathleen Mills
Name of Operator: NOBLE ENERGY INC Phone: (720) 587-2226
Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
City: DENVER State: CO Zip: 80202

API Number 05-123-36260-00 County: WELD
Well Name: SLW RANCH B Well Number: 01-62-1HN
Location: QtrQtr: SESE Section: 1 Township: 5N Range: 64W Meridian: 6
Footage at surface: Distance: 987 feet Direction: FSL Distance: 1077 feet Direction: FEL
As Drilled Latitude: 40.423989 As Drilled Longitude: -104.492620

GPS Data:
Date of Measurement: 08/07/2013 PDOP Reading: 4.0 GPS Instrument Operator's Name: BRANDI BINGHAM

** If directional footage at Top of Prod. Zone Dist.: 462 feet. Direction: FSL Dist.: 868 feet. Direction: FEL
Sec: 1 Twp: 5N Rng: 64W

** If directional footage at Bottom Hole Dist.: 245 feet. Direction: FSL Dist.: 553 feet. Direction: FWL
Sec: 1 Twp: 5N Rng: 64W

Field Name: WATTENBERG Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 03/25/2013 Date TD: 03/31/2013 Date Casing Set or D&A: 03/31/2012

Rig Release Date: Per Rule 308A.b.

Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 11286 TVD** 6655 Plug Back Total Depth MD 11275 TVD** 6655

Elevations GR 4604 KB 4634 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:

CBL, MUD, GR

CASING, LINER AND CEMENT

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	42.09	0	130	160	0	130	VISU
SURF	13+3/4	9+5/8	36	0	631	354	0	631	VISU
1ST	8+3/4	7	26	0	7,205	575	1,570	7,205	CALC
1ST LINER	6+1/8	4+1/2	11.6	7099	11,276	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:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
PIERRE	2,281				
PARKMAN	3,539				
SUSSEX	4,298				
SHANNON	4,895				
TEEPEE BUTTES	5,830				
NIOBRARA	6,732				

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: 8/13/2013 Email: kmills@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400461126	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400461128	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			
400461069	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400461093	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400461103	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400461109	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400461110	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400461116	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400461122	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400461124	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400461130	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400774445	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400774447	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)