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 **DRILLING COMPLETION REPORT**	DNR CO™	DE	ET	OE	ES

Document Number:

400857806

Date Received:

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: EILEEN ROBERTS

Name of Operator: NOBLE ENERGY INC   Phone: (303) 2284330

Address: 1625 BROADWAY STE 2200   Fax: (303) 2284286

City: DENVER   State: CO   Zip: 80202

API Number   05-123-17729-00   County: WELD

Well Name: FEIT E   Well Number: 23-6

Location: QtrQtr: SENW   Section: 23   Township: 6N   Range: 65W   Meridian: 6

Footage at surface: Distance: 1825 feet   Direction: FNL   Distance: 1803 feet   Direction: FWL

As Drilled Latitude: _____   As Drilled Longitude: _____

GPS Data:

Date of Measurement: _____   PDOP Reading: _____   GPS Instrument Operator's Name: _____

** If directional footage at Top of Prod. Zone   Dist.: _____ feet. Direction: _____   Dist.: _____ feet. Direction: _____

Sec: _____   Twp: _____   Rng: _____

** If directional footage at Bottom Hole   Dist.: _____ feet. Direction: _____   Dist.: _____ feet. Direction: _____

Sec: _____   Twp: _____   Rng: _____

Field Name: WATTENBERG   Field Number: 90750

Federal, Indian or State Lease Number: 56457

Spud Date: (when the 1st bit hit the dirt)   01/23/1994 Date TD: 01/31/1994   Date Casing Set or D&A: 01/31/1994

Rig Release Date: 02/01/1994   Per Rule 308A.b.

Well Classification:

☐ Dry ☐ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth   MD   7178   TVD** _____   Plug Back Total Depth   MD   7170   TVD** _____

Elevations   GR   4706   KB   4716   **Digital Copies of ALL Logs must be Attached per Rule 308A**   ☒

List Electric Logs Run:

CBL

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
SURF	12+1/4	8+5/8	24	10	343	230	0	343	VISU
1ST	7+7/8	4+1/2	11.6	10	7,176	230	6,170	7,176	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____					
Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
1 INCH	SURF	500	169	0	500

Details of work:

1-1/4" String Size

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	

Comment:

_____

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

Signed: _____ Print Name: Eileen Roberts

Title: Regulatory Analyst I   Date: _____   Email: eroberts@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?			

Attachment Checklist

Att Doc Num	Document Name	Yes		No	
400857823	CMT Summary *	Yes	☒	No	☐
	Core Analysis	Yes	☐	No	☒
	Directional Survey **	Yes	☐	No	☒
	DST Analysis	Yes	☐	No	☒
	Logs	Yes	☒	No	☐
	Other	Yes	☐	No	☒

Other Attachments

Att Doc Num	Document Name	Yes		No	
400857808	PDF-CEMENT BOND	Yes	☒	No	☐
400857838	WELLBORE DIAGRAM	Yes	☒	No	☐

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)