

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.

Document Number:
401000443

Date Received:

Completion Type Final completion Preliminary completion

OGCC Operator Number: 100322 Contact Name: Julie Webb

Name of Operator: NOBLE ENERGY INC Phone: (720) 587-2223

Address: 1625 BROADWAY STE 2200 Fax: _____

City: DENVER State: CO Zip: 80202

API Number 05-123-16705-00 County: WELD

Well Name: ROTHE STATE Well Number: B 36-8

Location: QtrQtr: SENE Section: 36 Township: 5N Range: 64W Meridian: 6

Footage at surface: Distance: 1976 feet Direction: FNL Distance: 609 feet Direction: FEL

As Drilled Latitude: 40.357780 As Drilled Longitude: -104.490589

GPS Data:
Date of Measurement: 08/09/2006 PDOP Reading: 2.1 GPS Instrument Operator's Name: Paul Tappy

** 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: 59906

Spud Date: (when the 1st bit hit the dirt) 02/25/1993 Date TD: 03/03/1993 Date Casing Set or D&A: 03/03/1993

Rig Release Date: 03/03/1993 Per Rule 308A.b.

Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 6817 TVD** _____ Plug Back Total Depth MD 6755 TVD** _____

Elevations GR 4587 KB 4597 **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	0	312	410	0	312	VISU
1ST	7+7/8	2+7/8	7.7	0	6,810	275	5,780	6,810	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 11/12/2010

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	1ST		50	5,170	5,251
	1ST		285	1,672	2,500

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	

Comment:

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

Signed: _____ Print Name: Julie Webb

Title: Regulatory Analyst Date: _____ Email: jwebb@progressivepcs.net

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
401000461	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" 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"/>
<u>Other Attachments</u>			
401002355	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)