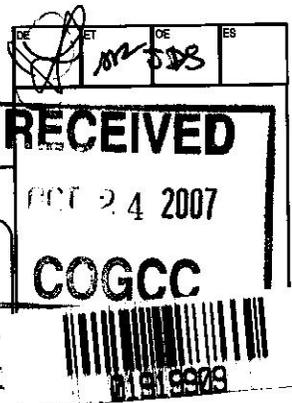


State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303)894-2100 Fax: (303)894-2109



DRILLING COMPLETION REPORT

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.

1. OGCC Operator Number: <u>100322</u>		4. Contact Name <u>Ryan Bruner</u>		Complete the Attachment Checklist OP OGCC
2. Name of Operator: <u>Noble Energy Inc.</u>		Phone: <u>303-228-4158</u>		
3. Address: <u>1625 Broadway, Suite 2000</u> City <u>Denver</u> State: <u>CO</u> Zip: <u>80202</u>		Fax: <u>(303) 228-4286</u>		
5. API Number <u>05-123-26320</u>		6. County: <u>Weld</u>		Logs <input checked="" type="checkbox"/>
7. Well Name: <u>Wells Ranch - USX BB</u>		Well Number: <u>3-14</u>		Directional Survey** <input type="checkbox"/>
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>SESW Sec. 3 T5N R63W</u>				DST Analysis <input type="checkbox"/>
Footage at surface: <u>556</u> <input type="checkbox"/> S <u>1944</u> <input checked="" type="checkbox"/> W				Core Analysis <input type="checkbox"/>
As Drilled Latitude: <u>40.422679</u>		As Drilled Longitude: <u>104.425530</u>		Cmt summary* <input type="checkbox"/>
GPS Data: Date of Measurement: <u>10/10/07</u> PDOP Reading: <u>2.7</u> GPS Instrument Operator's Name: <u>Paul Tappy</u>				
** If directional, footage at Top of Prod. Zone <input type="checkbox"/>		<input type="checkbox"/> Sec, Twp, Rng		
** If directional, footage at Bottom Hole <input type="checkbox"/>		<input type="checkbox"/> Sec, Twp, Rng		
9. Field Name: <u>Wattenberg</u>		10. Field Number <u>90750</u>		15. Well Classification
11. Federal, Indian or State Lease Number: _____				<input type="checkbox"/> Dry <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gas
12. Spud Date: (when the 1st bit hit the dirt) <u>9/17/07</u>		13. Date TD: <u>9/20/07</u>		<input type="checkbox"/> Coalbed <input type="checkbox"/> Disposal
		14. Date Casing Set or D&A: <u>9/21/07</u>		<input type="checkbox"/> Stratigraphic
16. Total Depth MD <u>6906</u> <input checked="" type="checkbox"/> TVD** _____		17. Plug Back Total Depth MD <u>6885</u> TVD** _____		<input type="checkbox"/> Enhanced Recovery
18. Elevations GR <u>4710</u> KB <u>4722</u>		One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.		<input type="checkbox"/> Gas Storage
19. List Electric Logs Run: <u>CDNL, CBL/GR</u>				<input type="checkbox"/> Observation
				Other: _____

20. CASING, LINER and CEMENT
*If Cement Bond Log was not run, submit contractor's cement job summary for each string cemented

String	Hole Size	Csg/Liner Size	Csg/Liner Top	Csg/Tool Setting Depth	Number of sacks cmt	Cement Top	Cement Bottom	CBL*	Calculated*
Conductor									
Surface	12 1/4	8 5/8	0	470 482	270	0	470 482		
Production	7 7/8	4 1/2	0	6902	940	2260 1760	6906	X	
Stage, Squeeze, Remedial Cement Job									
Stage, Squeeze, Remedial Cement Job									
Stage, Squeeze, Remedial Cement Job									
Liner									
Liner									

21. FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		All DST and Core Analyses must be submitted to COGCC COMMENTS
	Top	Bottom	DST	Cored	
Parkman	3934				
Sussex	4124				
Shannon	4648				
Niobrara	6410	✓			
Ft. Hayes	6667	✓			
Codell	6694	✓			

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.
 Print Name: Ryan Bruner E-mail: rbruner@nobleenergyinc.com
 Signature: [Signature] Title: Regulatory Specialist Date: 10-22-07