

FORM
5Rev
02/08State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

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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

4. Contact Name: EILEEN ROBERTS

2. Name of Operator: NOBLE ENERGY INC

Phone: (303) 2284330

3. Address: 1625 BROADWAY STE 2200

Fax: (303) 2284286

City: DENVER State: CO Zip: 80202

5. API Number 05-001-09713-00

6. County: ADAMS

7. Well Name: LARKRIDGE MA

Well Number: 03-16D

8. Location: QtrQtr: NESE Section: 3 Township: 1S Range: 68W Meridian: 6

Footage at surface: Direction: FSL Distance: 2116 Direction: FEL Distance: 337

As Drilled Latitude: 39.992410 As Drilled Longitude: 104.979471

GPS Data:

Data of Measurement: 04/07/2010 PDOP Reading: 2.2 GPS Instrument Operator's Name: Paul Tappy

** If directional footage

at Top of Prod. Zone Distance: 709 Direction: FSL Distance: 770 Direction: FEL

at Bottom Hole Distance: 711 Direction: FSL Distance: 769 Direction: FEL

9. Field Name: WATTENBERG

10. Field Number: 90750

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 02/03/2010 13. Date TD: 02/09/2010 14. Date Casing Set or D&A: 02/10/2010

15. Well Classification:

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

16. Total Depth MD 8436 TVD 8219 17 Plug Back Total Depth MD 8381 TVD 8164

18. Elevations GR 5167 KB 5182

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:

GRL/CCL/CBL/VDL, SDL/DSNL/ACL/TRL

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Weight Per Foot	Setting Depth	Sacks Cement	Cement Bottom	Cement Top
SURF	12+1/4	8+5/8	32.00	1,168	384	1,179	0
1ST	7+7/8	4+1/2	11.60	8,425	942	8,425	1,755

ADDITIONAL CEMENT

Cement work date: _____

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	
NIOBRARA	7,786		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	8,221		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	8,242		<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	8,357		<input type="checkbox"/>	<input type="checkbox"/>	

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 Specialist

Date: _____

Email: eroberts@nobleenergyinc.com

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC

Date: _____