

FORM
5

Rev
02/08

State 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

DRILLING COMPLETION REPORT

Document Number:

400100510

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 05-123-30293-00 6. County: WELD
7. Well Name: DILLARD AB Well Number: 10-01
8. Location: QtrQtr: NENE Section: 10 Township: 7N Range: 64W Meridian: 6
Footage at surface: Direction: FNL Distance: 660 Direction: FEL Distance: 660
As Drilled Latitude: 40.593970 As Drilled Longitude: 104.528182

GPS Data:

Data of Measurement: 08/09/2010 PDOP Reading: 5.7 GPS Instrument Operator's Name: Paul Tappy

** If directional footage

at Top of Prod. Zone Distance: _____ Direction: _____ Distance: _____ Direction: _____
Sec: _____ Twp: _____ Rng: _____
at Bottom Hole Distance: _____ Direction: _____ Distance: _____ Direction: _____
Sec: _____ Twp: _____ Rng: _____

9. Field Name: TOM CAT 10. Field Number: 82390

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 04/03/2010 13. Date TD: 04/13/2010 14. Date Casing Set or D&A: 04/18/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 10605 TVD _____ 17 Plug Back Total Depth MD 10502 TVD _____

18. Elevations GR 4834 KB 4847

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, SDL/DSNL/ACL/TRI

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	13+1/2	9+5/8	36.00	1,222	512	1,261	0
1ST	8+3/4	5+1/2	17.00	10,575	1,086	10,575	6,082

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	6,723		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	6,955		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	6,979		<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	7,059		<input type="checkbox"/>	<input type="checkbox"/>	
MOWRY	7,456		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,466		<input type="checkbox"/>	<input type="checkbox"/>	
MORRISON	7,711		<input type="checkbox"/>	<input type="checkbox"/>	
LYONS	7,834		<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: _____

Attachment Check List

Att Doc Num	Name	Doc Description
400100632	CMT SUMMARY	Dillard AB 10-01 cement ticket.pdf

Total Attach: 1 Files