

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



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Document Number:

400109079

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: Justin Garrett  
 2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4449  
 3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286  
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-31036-00 6. County: WELD  
 7. Well Name: WILSON Well Number: 1160-29-22  
 8. Location: QtrQtr: NWNW Section: 29 Township: 11N Range: 60W Meridian: 6  
 Footage at surface: Direction: FNL Distance: 660 Direction: FWL Distance: 660  
 As Drilled Latitude: 40.897580 As Drilled Longitude: -104.122890

GPS Data:

Data of Measurement: 07/21/2010 PDOP Reading: 2.6 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: GROVER 10. Field Number: 33380

11. Federal, Indian or State Lease Number: \_\_\_\_\_

12. Spud Date: (when the 1st bit hit the dirt) 06/18/2010 13. Date TD: 06/21/2010 14. Date Casing Set or D&A: 06/21/2010

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 7725 TVD \_\_\_\_\_ 17 Plug Back Total Depth MD 7665 TVD \_\_\_\_\_

18. Elevations GR 5280 KB 5292

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:

CBL/GR/CCL, Density/Neutron/AC/TR

20. Casing, Liner and Cement:

### CASING

Casing Type	Size of Hole	Size of Casing	Weight Per Foot	Setting Depth	Sacks Cement	Cement Bot	Cement Top	Status
SURF	12+1/4	8+5/8		1,060	325	1,060	0	
1ST	7+7/8	5+1/2		7,711	875	7,711	1,974	CBL

### 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	6,660		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	6,926		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	6,960		<input type="checkbox"/>	<input type="checkbox"/>	
D SAND	7,441		<input type="checkbox"/>	<input type="checkbox"/>	
MOWRY	7,502		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,528		<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: Justin Garrett

Title: Regulatory Specialist Date: \_\_\_\_\_ Email: JDGarrett@nobleenerginc.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
400109087	LAS-TRIPLE COMBINATION	05123310360000_triple combo.las
400109110	CEMENT JOB SUMMARY	Cement Ticket.pdf

Total Attach: 2 Files