

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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DRILLING COMPLETION REPORT

Document Number:

400115905

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 05-123-30908-00 6. County: WELD  
7. Well Name: EHRLICH N Well Number: 35-32D  
8. Location: QtrQtr: SWNE Section: 34 Township: 5N Range: 67W Meridian: 6  
Footage at surface: Distance: 2037 feet Direction: FNL Distance: 2474 feet Direction: FEL  
As Drilled Latitude: 40.357830 As Drilled Longitude: -104.878675

GPS Data:

Data of Measurement: 11/30/2010 PDOP Reading: 3.8 GPS Instrument Operator's Name: Paul Tappy

\*\* If directional footage

at Top of Prod. Zone Distance: 2547 feet Direction: FSL Distance: 83 feet Direction: FEL  
Sec: 34 Twp: 5N Rng: 67W  
at Bottom Hole Distance: 2549 feet Direction: FSL Distance: 75 feet Direction: FEL  
Sec: 34 Twp: 5N Rng: 67W

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) 03/18/2010 13. Date TD: 03/23/2010 14. Date Casing Set or D&A: 03/24/2010

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 7733 TVD 7250 17 Plug Back Total Depth MD 7678 TVD 7195

18. Elevations GR 4863 KB 4876

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/GRL/CCL, 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 Top | Cement Bot | Status |
|-------------|--------------|----------------|-----------------|---------------|--------------|------------|------------|--------|
| SURF        | 12+1/4       | 8+5/8          | 32.00           | 626           | 229          | 0          | 640        |        |
| 1ST         | 7+7/8        | 4+1/2          | 11.60           | 7,723         | 790          | 2,120      | 7,723      | CBL    |

ADDITIONAL CEMENT

Cement work date: \_\_\_\_\_

Details of work: \_\_\_\_\_

| Method used | String | Cementing tool setting/pref depth | Cement volume | Cement top | Cement bottom |
|-------------|--------|-----------------------------------|---------------|------------|---------------|
|             |        |                                   |               |            |               |

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       | 7,267          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| FORT HAYS      | 7,548          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| CODELL         | 7,573          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| GREENHORN      | 7,667          |        | <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               |
|-------------|--------------------|
| 400115907   | CEMENT JOB SUMMARY |
| 400115959   | DIRECTIONAL SURVEY |

Total Attach: 2 Files

**General Comments**

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|----------------|---------------------|
|                   |                |                     |

Total: 0 comment(s)