

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:

400149355

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 05-123-30260-00 6. County: WELD
7. Well Name: GLOVER USX B Well Number: 15-02CD
8. Location: QtrQtr: NWSE Section: 15 Township: 5N Range: 64W Meridian: 6
Footage at surface: Distance: 2103 feet Direction: FSL Distance: 1936 feet Direction: FEL
As Drilled Latitude: 40.397860 As Drilled Longitude: -104.533647

GPS Data:

Data of Measurement: 06/05/2009 PDOP Reading: 2.3 GPS Instrument Operator's Name: Paul Tappy

** If directional footage

at Top of Prod. Zone Distance: 709 feet Direction: FNL Distance: 2102 feet Direction: FEL
Sec: 15 Twp: 5N Rng: 64W
at Bottom Hole Distance: 709 feet Direction: FNL Distance: 2102 feet Direction: FEL
Sec: 15 Twp: 5N Rng: 64W

9. Field Name: KERSEY 10. Field Number: 44600

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 05/18/2009 13. Date TD: 05/23/2009 14. Date Casing Set or D&A: 05/24/2009

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7366 TVD 6857 17 Plug Back Total Depth MD 7323 TVD 6814

18. Elevations GR 4573 KB 4586

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

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	12+1/4	8+5/8	24.00	0	1,626	576	0	1,638	
1ST	7+7/8	4+1/2	11.60	0	7,340	860	1,494	7,340	CBL

ADDITIONAL CEMENT

Cement work date: 11/22/2010

Details of work:

sussex squeezed remedial cement.

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
SQUEEZE	OPEN HOLE	1,732	50	1,678	1,774

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	6,908		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,185		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,209		<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	7,291		<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
400149606	CEMENT JOB SUMMARY
400149608	DIRECTIONAL SURVEY
400149734	CEMENT JOB SUMMARY

Total Attach: 3 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)