

<b>FORM</b> <b>5</b> Rev 02/08	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table>	DE	ET	OE	ES
DE	ET	OE	ES				
<b>DRILLING COMPLETION REPORT</b>			Document Number:  400094660				
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 <input checked="" type="checkbox"/> Final completion <input type="checkbox"/> Preliminary completion							
1. OGCC Operator Number: <u>100322</u>		4. Contact Name: <u>Jennifer Barnett</u>					
2. Name of Operator: <u>NOBLE ENERGY INC</u>		Phone: <u>(303) 228-4342</u>					
3. Address: <u>1625 BROADWAY STE 2200</u>		Fax: <u>(303) 228-4286</u>					
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80202</u>					
5. API Number <u>05-125-11901-00</u>		6. County: <u>YUMA</u>					
7. Well Name: <u>Gardner Trusts</u>		Well Number: <u>21-20</u>					
8. Location:    QtrQtr: <u>NENW</u> Section: <u>20</u> Township: <u>2N</u> Range: <u>46W</u> Meridian: <u>6</u>							
Footage at surface:    Distance: <u>300</u> feet    Direction: <u>FNL</u> Distance: <u>1950</u> feet    Direction: <u>FWL</u>							
As Drilled Latitude: <u>40.132883</u> As Drilled Longitude: <u>-102.541262</u>							
GPS Data:							
Data of Measurement: <u>09/28/2010</u> PDOP Reading: <u>1.5</u> GPS Instrument Operator's Name: <u>T. Most</u>							
** If directional footage at Top of Prod. Zone    Dist.: _____ feet. Direction: _____    Dist.: _____ feet. Direction: _____							
Sec: _____    Twp: _____    Rng: _____							
** If directional footage at Bottom Hole    Dist.: _____ feet. Direction: _____    Dist.: _____ feet. Direction: _____							
Sec: _____    Twp: _____    Rng: _____							
9. Field Name: <u>SHOUT</u>		10. Field Number: <u>77456</u>					
11. Federal, Indian or State Lease Number: _____							
12. Spud Date: (when the 1st bit hit the dirt) <u>07/19/2010</u> 13. Date TD: <u>07/21/2010</u> 14. Date Casing Set or D&A: <u>07/21/2010</u>							
15. Well Classification:							
<input type="checkbox"/> Dry <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Gas/Coalbed <input type="checkbox"/> Disposal <input type="checkbox"/> Stratigraphic <input type="checkbox"/> Enhanced Recovery <input type="checkbox"/> Storage <input type="checkbox"/> Observation							
16. Total Depth    MD <u>2810</u> TVD** _____		17 Plug Back Total Depth    MD <u>2730</u> TVD** _____					
18. Elevations    GR <u>3951</u> KB <u>3957</u>		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:							
<u>Triple Combo, CNLD, AIL, CBL/GR</u>							
20. Casing, Liner and Cement:							

**IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.**

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	9+7/8	7	20	0	523	233	0	523	CALC
1ST	6+1/4	4+1/2	11.6	0	2,770	153	0	2,810	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	2,551		<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: Jennifer Barnett

Title: Regulatory Analyst Date: 10/21/2010 Email: jbarnett@nobleenergyinc.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400102638	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
400094660	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400094668	LAS-COMBINATION OPEN HOLE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400094669	PDS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

**User Group**      **Comment**      **Comment Date**

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Total: 0 comment(s)