

<div>FORM 5</div> <div>Rev 02/08</div>	<div>State of Colorado</div> <div>Oil and Gas Conservation Commission</div> <div>1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109</div>	<div><div>STATE OF COLORADO</div><div>OIL & GAS</div></div>	<table><tr><td>DE</td><td>ET</td><td>OE</td><td>ES</td></tr></table> <div>Document Number: 2511434</div>	DE	ET	OE	ES
DE	ET	OE	ES				
<div>DRILLING COMPLETION REPORT</div> <div>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.</div> <div>Completion Type <input checked="" type="checkbox"/> Final completion <input type="checkbox"/> Preliminary completion</div>							
1. OGCC Operator Number: 100322		4. Contact Name: JUSTIN GARRETT					
2. Name of Operator: NOBLE ENERGY INC		Phone: (303) 2284449					
3. Address: 1625 BROADWAY STE 2200		Fax: (303) 2284286					
City: DENVER State: CO Zip: 80202							
5. API Number 05-123-30111-00		6. County: WELD					
7. Well Name: KOHLHOFF USX AB		Well Number: 17-11P					
8. Location: QtrQtr: NESW Section: 17 Township: 7N Range: 64W Meridian: 6							
Footage at surface: Distance: 1986 feet Direction: FSL		Distance: 1973 feet Direction: FWL					
As Drilled Latitude: 40.571140		As Drilled Longitude: -104.575810					
GPS Data:							
Data of Measurement: 07/15/2010 PDOP Reading: 3.8 GPS Instrument Operator's Name: PAUL TAPPY							
** 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: WATTENBERG		10. Field Number: 90750					
11. Federal, Indian or State Lease Number:							
12. Spud Date: (when the 1st bit hit the dirt) 10/20/2009 13. Date TD: 10/25/2009 14. Date Casing Set or D&A: 10/25/2009							
15. Well Classification: <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Oil <input 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 7335 TVD**		17 Plug Back Total Depth MD 7277 TVD**					
18. Elevations GR 4911 KB 4927		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/VDL, NEURTON/DENSITY/AC/TR.							
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	12+1/4	8+5/8		0	786	212	0	786	CALC
1ST	7+7/8	4+1/2		0	7,323	685	1,940	7,323	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	6,865		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,151		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,174		<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	7,252		<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: 7/29/2010 Email: JDGARRETT@NOBLEENERGYINC.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2511435	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 type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
2511434	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)