


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		<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> Document Number: 400109079	DE	ET	OE	ES
DE	ET	OE	ES				
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 <input checked="" type="checkbox"/> Final completion <input type="checkbox"/> Preliminary completion							
1. OGCC Operator Number: 100322 2. Name of Operator: NOBLE ENERGY INC 3. Address: 1625 BROADWAY STE 2200 City: DENVER State: CO Zip: 80202		4. Contact Name: Justin Garrett Phone: (303) 228-4449 Fax: (303) 228-4286					
5. API Number 05-123-31036-00 7. Well Name: WILSON 8. Location: QtrQtr: NWNW Section: 29 Township: 11N Range: 60W Meridian: 6 Footage at surface: Distance: 660 feet Direction: FNL Distance: 660 feet Direction: FWL As Drilled Latitude: 40.897580 As Drilled Longitude: -104.122890		6. County: WELD Well Number: 1160-29-22					
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 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: GROVER 11. Federal, Indian or State Lease Number:		10. Field Number: 33380					
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: <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 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:							

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	1,060	327	0	1,060	CALC
1ST	7+7/8	5+1/2		0	7,711	875	1,974	7,711	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	6,660		<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: 11/17/2010 Email: JDGarrett@nobleenerginc.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400109110	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>					
400109079	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400109087	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)