


<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> Document Number:  400104963	DE	ET	OE	ES
DE	ET	OE	ES				
<b>DRILLING COMPLETION REPORT</b>							
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    05-123-31742-00 7. Well Name:    Timm PC GK 8. Location:    QtrQtr:    NWSW    Section:    4    Township:    11N    Range:    61W    Meridian:    6 Footage at surface:    Distance:    1980    feet    Direction:    FSL    Distance:    660    feet    Direction:    FWL As Drilled Latitude:    40.948890    As Drilled Longitude:    -104.217450		6. County:    WELD Well Number:    04-12					
GPS Data: Data of Measurement:    09/16/2010    PDOP Reading:    4.7    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)    07/21/2010    13. Date TD:    07/25/2010    14. Date Casing Set or D&A:    07/25/2010							
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    7945    TVD**		17 Plug Back Total Depth    MD    7855    TVD**					
18. Elevations    GR    5255    KB    5267		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: Sonic Bond/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	1,209	370	0	1,209	CALC
2ND	7+7/8	5+1/2		0	7,907	630	870	7,907	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	6,854		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,117		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,149		<input type="checkbox"/>	<input type="checkbox"/>	
D SAND	7,642		<input type="checkbox"/>	<input type="checkbox"/>	
MOWRY	7,713		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,734		<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: 12/2/2010 Email: JDGarrett@nobleenergyinc.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400104966	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>					
400104963	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400104965	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Permit	req digital CBL	1/19/2011 9:41:57 AM

Total: 1 comment(s)