

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



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Document Number:

400166949

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 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 05-123-32439-00 6. County: WELD
 7. Well Name: FIVE RIVERS K Well Number: 08-23
 8. Location: QtrQtr: SWSE Section: 8 Township: 4N Range: 66W Meridian: 6
 Footage at surface: Distance: 1138 feet Direction: FSL Distance: 1441 feet Direction: FEL
 As Drilled Latitude: 40.322116 As Drilled Longitude: -104.797469

GPS Data:
 Data of Measurement: 04/06/2011 PDOP Reading: 1.8 GPS Instrument Operator's Name: Paul Tappy

** If directional footage
 at Top of Prod. Zone Distance: _____ feet Direction: _____ Distance: _____ feet Direction: _____
 Sec: _____ Twp: _____ Rng: _____
 at Bottom Hole Distance: _____ feet Direction: _____ Distance: _____ 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) 03/15/2011 13. Date TD: 03/19/2011 14. Date Casing Set or D&A: 03/20/2011

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7391 TVD _____ 17 Plug Back Total Depth MD 7327 TVD _____

18. Elevations GR 4703 KB 4719 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:
GRL/CCL/CBL/VDL, CDL/CNL/ML, HRIL.

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	645	264	0	652	
1ST	7+7/8	4+1/2	11.60	0	7,372	675	1,180	7,372	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	6,897		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,206		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,226		<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
400166958	CEMENT JOB SUMMARY

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)