

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



DE ET OE ES

Document Number:
400166796

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
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 05-123-26040-00
6. County: WELD
7. Well Name: CERVI USX CC Well Number: 21-10
8. Location: QtrQtr: NWSE Section: 21 Township: 4N Range: 63W Meridian: 6
Footage at surface: Distance: 1980 feet Direction: FSL Distance: 1980 feet Direction: FEL
As Drilled Latitude: 40.295361 As Drilled Longitude: -104.439250

GPS Data:
Data of Measurement: 04/19/2011 PDOP Reading: 2.5 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) 10/22/2007 13. Date TD: 10/27/2007 14. Date Casing Set or D&A: 10/27/2007

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

16. Total Depth MD 7659 TVD 17 Plug Back Total Depth MD 7629 TVD

18. Elevations GR 4809 KB 4825 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, Triple Combo

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	0	605	258	0	605	
1ST	7+7/8	4+1/2	11.6	0	7,646	750	2,214	7,646	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	
PARKMAN	3,593		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,337		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,856		<input type="checkbox"/>	<input type="checkbox"/>	
TEEPEE BUTTES	5,724		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,460		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	6,724		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	6,751		<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	6,834		<input type="checkbox"/>	<input type="checkbox"/>	
D SAND	7,156		<input type="checkbox"/>	<input type="checkbox"/>	
MOWRY	7,204		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,220		<input type="checkbox"/>	<input type="checkbox"/>	
J-3 SAND	7,259		<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA	7,456		<input type="checkbox"/>	<input type="checkbox"/>	
MORRISON	7,592		<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: _____ Email: JDGarrett@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
400166797	LAS-CEMENT BOND
400166798	LAS-TRIPLE COMBINATION
400166800	OTHER
400166801	OTHER
400166802	CEMENT JOB SUMMARY

Total Attach: 5 Files

General Comments

User Group Comment Comment Date

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Total: 0 comment(s)