


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: 400150598	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: Jan Kajiwara Phone: (303) 228-4092 Fax: (303) 228-4286					
5. API Number 05-123-32746-00 7. Well Name: MEGAN 8. Location: QtrQtr: SWSW Section: 16 Township: 3N Range: 65W Meridian: 6 Footage at surface: Distance: 1240 feet Direction: FSL Distance: 155 feet Direction: FWL As Drilled Latitude: 40.221570 As Drilled Longitude: -104.677200		6. County: WELD Well Number: H16-99HZ					
GPS Data: Data of Measurement: 04/06/2011 PDOP Reading: 0.0 GPS Instrument Operator's Name: JDS							
** If directional footage at Top of Prod. Zone Dist.: 977 feet. Direction: FSL Dist.: 1033 feet. Direction: FWL Sec: 16 Twp: 3n Rng: 65w							
** If directional footage at Bottom Hole Dist.: 977 feet. Direction: FSL Dist.: 1033 feet. Direction: FWL Sec: 16 Twp: 3n Rng: 65w							
9. Field Name: GREELEY		10. Field Number: 32760					
11. Federal, Indian or State Lease Number: CO 70/7899							
12. Spud Date: (when the 1st bit hit the dirt) 03/16/2011 13. Date TD: 03/22/2011 14. Date Casing Set or D&A: 03/22/2011							
15. Well Classification: <input checked="" type="checkbox"/> Dry <input 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 7432 TVD** 6993		17 Plug Back Total Depth MD 3600 TVD** 3600					
18. Elevations GR 4856 KB 4856		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: n/a							

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	13+3/4	9+5/8		0	796	401	0	401	VISU

ADDITIONAL CEMENT

Cement work date: _____

Details of work:

2 cement plugs set to plugback original hole for sidetrack.

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
	OPEN HOLE	7,040	121	6,840	7,040
	OPEN HOLE	3,600	300	3,600	4,096

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	
			<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Niobrara faulted out - side track

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: Jan Kajiwarra

Title: Regulatory analyst

Date: 3/31/2011

Email: jkajiwarra@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
	CMT Summary *	Yes	<input type="checkbox"/>	No	<input checked="" 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>					
400150598	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)