

<div>FORM 5</div> <div>Rev 02/08</div>	<div>State of Colorado</div> <div>Oil and Gas Conservation Commission</div> <div>1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109</div>		<div>STATE OF COLORADO</div> <div>OIL & GAS</div>	<div>DE</div> <div>ET</div> <div>OE</div> <div>ES</div>
	<div>DRILLING COMPLETION REPORT</div> <div>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.</div> <div>Completion Type <input checked="" type="checkbox"/> Final completion <input type="checkbox"/> Preliminary completion</div>			<div>Document Number:</div> <div>400118450</div>
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 05-123-31495-00		6. County: WELD		
7. Well Name: McKay AB		Well Number: 02-14		
8. Location: QtrQtr: SESW Section: 2 Township: 7N Range: 64W Meridian: 6				
Footage at surface: Distance: 610 feet Direction: FSL		Distance: 2140 feet Direction: FWL		
As Drilled Latitude: 40.596610		As Drilled Longitude: -104.518016		
GPS Data:				
Data of Measurement: 07/06/2010 PDOP Reading: 5.2 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: TOM CAT		10. Field Number: 82390		
11. Federal, Indian or State Lease Number:				
12. Spud Date: (when the 1st bit hit the dirt) 05/22/2010 13. Date TD: 05/28/2010 14. Date Casing Set or D&A: 05/29/2010				
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 9155 TVD**		17 Plug Back Total Depth MD 9075 TVD**		
18. Elevations GR 4892 KB 4905		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/GRL/CCL, DSNL/SDL/ACL/TRL				
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	36.00	0	831	343	0	846	CALC
1ST	7+7/8	4+1/2	26.00	0	9,122	550	2,274	9,122	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	6,775		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,016		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,039		<input type="checkbox"/>	<input type="checkbox"/>	
MOWRY	7,489		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,501		<input type="checkbox"/>	<input type="checkbox"/>	
LYONS	8,825		<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: 12/22/2010 Email: eroberts@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400118451	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 type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400118450	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	LYONS TOP PER ER@NOBLE	1/28/2011 8:32:17 AM

Total: 1 comment(s)