


<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:  400168808	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:    EILEEN ROBERTS Phone:    (303) 2284330 Fax:    (303) 2284286					
5. API Number    05-123-32442-00 7. Well Name:    FIVE RIVERS K		6. County:    WELD Well Number:    16-30D					
8. Location:    QtrQtr:    SWSE    Section:    8    Township:    4N    Range:    66W    Meridian:    6 Footage at surface:    Distance:    1138    feet    Direction:    FSL    Distance:    1416    feet    Direction:    FEL As Drilled Latitude:    40.322119    As Drilled Longitude:    -104.797379							
GPS Data: Date of Measurement:    04/06/2011    PDOP Reading:    3.1    GPS Instrument Operator's Name:    Paul Tappy							
** If directional footage at Top of Prod. Zone    Dist.:    46    feet. Direction:    FSL    Dist.:    107    feet. Direction:    FEL Sec:    8    Twp:    4N    Rng:    66W							
** If directional footage at Bottom Hole    Dist.:    49    feet. Direction:    FSL    Dist.:    106    feet. Direction:    FEL Sec:    8    Twp:    4N    Rng:    66W							
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)    03/22/2011    13. Date TD:    03/27/2011    14. Date Casing Set or D&A:    04/16/2011							
15. Well Classification: <input type="checkbox"/> Dry <input type="checkbox"/> Oil <input checked="" 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    7745    TVD**    7385		17 Plug Back Total Depth    MD    7690    TVD**    7330					
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:							

**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	24.00	0	603	279	0	613	
1ST	7+7/8	4+1/2	11.60	0	7,735	675	2,550	7,735	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	7,241		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,559		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,580		<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: 5/25/2011 Email: eroberts@nobleenergyinc.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400168828	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400168829	Directional Survey **	Yes	<input checked="" type="checkbox"/>	No	<input 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>					
400168808	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

User Group      Comment      Comment Date

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Total: 0 comment(s)