

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:

400174152

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 05-123-31976-00 6. County: WELD  
7. Well Name: DF Ranch PC GK Well Number: 17-99HZ  
8. Location: QtrQtr: NWNW Section: 17 Township: 11N Range: 61W Meridian: 6  
Footage at surface: Distance: 155 feet Direction: FNL Distance: 850 feet Direction: FWL  
As Drilled Latitude: 40.928512 As Drilled Longitude: -104.236139

GPS Data:  
Date of Measurement: 04/20/2011 PDOP Reading: 5.2 GPS Instrument Operator's Name: Paul Tappy

\*\* If directional footage at Top of Prod. Zone Dist.: 406 feet. Direction: FNL Dist.: 1091 feet. Direction: FWL  
Sec: 17 Twp: 11N Rng: 61W  
\*\* If directional footage at Bottom Hole Dist.: 1150 feet. Direction: FSL Dist.: 697 feet. Direction: FEL  
Sec: 17 Twp: 11N Rng: 61W

9. Field Name: GROVER 10. Field Number: 33380  
11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 08/29/2010 13. Date TD: 09/09/2010 14. Date Casing Set or D&A: 09/13/2010

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

16. Total Depth MD 12200 TVD\*\* 7031 17 Plug Back Total Depth MD 12158 TVD\*\* 6989

18. Elevations GR 5312 KB 5336 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:  
SBL/GRL/CCL.

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        | 13+3/4       | 9+5/8          | 36.00 | 0             | 1,448         | 500       | 0       | 1,458   |        |
| 1ST         | 8+3/4        | 7+0/0          | 24.00 | 0             | 7,395         | 555       | 1,224   | 7,405   | CBL    |
| 1ST LINER   | 6+1/8        | 4+1/2          | 11.60 | 0             | 12,185        |           |         |         |        |

### 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       | 7,096          |        | <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 RobertsTitle: Regulatory Specialist Date: 7/13/2011 Email: eroberts@nobleenergyinc.com

#### Attachment Check List

| Att Doc Num                 | Document Name         | attached ?                              |  |
|-----------------------------|-----------------------|---|--|
| <u>Attachment Checklist</u> |                       |   |  |
| 400174163                   | CMT Summary *         | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
|                             | Core Analysis         | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> |
| 400184560                   | 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>    |                       |   |  |
| 400174152                   | FORM 5 SUBMITTED      | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |

#### General Comments

| <u>User Group</u> | <u>Comment</u>                                | <u>Comment Date</u>     |
|-------------------|---|-------------------------|
| Permit            | cbl doc# 2201757, req to have indexed to API# | 8/1/2011<br>11:18:02 AM |

Total: 1 comment(s)