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Document Number:
 400209616

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: SUSAN MILLER
 2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4246
 3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4248
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-33503-00 6. County: WELD
 7. Well Name: CARMIN USX Well Number: CC05-10D
 8. Location: QtrQtr: NESE Section: 5 Township: 4N Range: 63W Meridian: 6
 Footage at surface: Distance: 2085 feet Direction: FSL Distance: 571 feet Direction: FEL
 As Drilled Latitude: 40.339530 As Drilled Longitude: -104.454530

GPS Data:
 Date of Measurement: 07/16/2011 PDOP Reading: 4.0 GPS Instrument Operator's Name: Paul Tappy

** If directional footage at Top of Prod. Zone Dist.: 1980 feet. Direction: FSL Dist.: 1980 feet. Direction: FEL
 Sec: 5 Twp: 4N Rng: 63W
 ** If directional footage at Bottom Hole Dist.: 1980 feet. Direction: FSL Dist.: 1980 feet. Direction: FEL
 Sec: 5 Twp: 4N Rng: 63W

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) 06/29/2011 13. Date TD: 07/01/2011 14. Date Casing Set or D&A: 07/01/2011

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

16. Total Depth MD 7435 TVD** 7218 17 Plug Back Total Depth MD 7381 TVD** 7164

18. Elevations GR 4653 KB 4666
 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:
Caliper/Comp. Density/Neutron/GR/SP/ML, DIL/GR/SP/Caliper, CBL/CCL/GR.

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	644	235	0	644	CALC
1ST	7+7/8	4+1/2	11.6	0	7,426	625	1,320	7,426	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

Details of work:

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	
PIERRE	2,681	2,681	<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,550	3,870	<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,250	4,450	<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,865	4,960	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,569		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	6,794		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	6,818		<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	6,896		<input type="checkbox"/>	<input type="checkbox"/>	
D SAND	7,208		<input type="checkbox"/>	<input type="checkbox"/>	
MOWRY	7,257		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,271		<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: SUSAN MILLER

Title: Regulatory Analyst Date: 10/4/2011 Email: smiller@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400209870	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400209801	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 checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
400209616	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400209799	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400209800	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
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Total: 1 comment(s)