

FORM
5Rev
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:

400209953

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) 228-4286

City: DENVER State: CO Zip: 80202

5. API Number 05-123-33200-00

6. County: WELD

7. Well Name: ADAMS D

Well Number: 30-27D

8. Location: QtrQtr: NWNE Section: 30 Township: 3N Range: 64W Meridian: 6

Footage at surface: Distance: 440 feet Direction: FNL Distance: 1976 feet Direction: FEL

As Drilled Latitude: 40.202250 As Drilled Longitude: -104.591620

GPS Data:

Date of Measurement: 06/06/2011 PDOP Reading: 4.7 GPS Instrument Operator's Name: Paul Tappy

** If directional footage at Top of Prod. Zone Dist.: 150 feet. Direction: FSL Dist.: 1501 feet. Direction: FEL

Sec: 19 Twp: 3N Rng: 64W

** If directional footage at Bottom Hole Dist.: 150 feet. Direction: FSL Dist.: 1501 feet. Direction: FEL

Sec: 19 Twp: 3N Rng: 64W

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) 05/23/2011 13. Date TD: 05/26/2011 14. Date Casing Set or D&A: 05/27/2011

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 7663 TVD** 7537 17 Plug Back Total Depth MD 7640 TVD** 7514

18. Elevations GR 4782 KB 4795

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/CCL/GR, Caliper/Comp. Density/Neutron/GR/SP/ML, DIL/GR/SP/Caliper.

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 | 817 | 314 | 0 | 817 | VISU |
| 1ST | 7+7/8 | 4+1/2 | 11.6 | 0 | 7,657 | 660 | 1,530 | 7,657 | 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 | |
| NIOBRARA | 6,805 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| FORT HAYS | 7,079 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CODELL | 7,102 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| GREENHORN | 7,196 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| D SAND | 7,513 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| MOWRY | 7,561 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| J SAND | 7,574 | | <input type="checkbox"/> | <input type="checkbox"/> | |

Comment:

Electronic copy of CBL not available at this time, will upload to COGCC when available.

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: 10/17/2011 Email: smiller@nobleenergyinc.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | | | |
|-----------------------------|------------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> | | | | | |
| 2072731 | CMT Summary * | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| | Core Analysis | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| 400210110 | 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> | | | | | |
| 400209953 | FORM 5 SUBMITTED | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400209966 | LAS-TRIPLE COMBINATION | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400214222 | LAS-DIRECTIONAL SURVEY | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |

General Comments

| User Group | Comment | Comment Date |
|------------|---|------------------------|
| Permit | REC CMT TKTS | 10/20/2011 3:46:53 PM |
| Permit | REC HARD COPY LOGS DOC#2203999-4001 , IN SCANNING. REQ CMT TKTS | 10/20/2011 12:27:52 PM |

Total: 2 comment(s)