

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:

400258620

Date Received:

03/07/2012

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 05-123-32552-00 6. County: WELD
 7. Well Name: LDS D Well Number: 17-32D
 8. Location: QtrQtr: NWSW Section: 17 Township: 3N Range: 64W Meridian: 6
 Footage at surface: Distance: 2596 feet Direction: FSL Distance: 300 feet Direction: FWL
 As Drilled Latitude: 40.225270 As Drilled Longitude: -104.583340

GPS Data:
Date of Measurement: 11/01/2011 PDOP Reading: 4.7 GPS Instrument Operator's Name: Paul Tappy

** If directional footage at Top of Prod. Zone Dist.: 2502 feet. Direction: FNL Dist.: 77 feet. Direction: FEL
 Sec: 18 Twp: 3N Rng: 64W
 ** If directional footage at Bottom Hole Dist.: 2502 feet. Direction: FNL Dist.: 75 feet. Direction: FEL
 Sec: 18 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) 07/28/2011 13. Date TD: 07/31/2011 14. Date Casing Set or D&A: 07/31/2011

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

16. Total Depth MD 7708 TVD** 7664 17 Plug Back Total Depth MD 7683 TVD** 7639

18. Elevations GR 4756 KB 4769 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, CDL/CNL/ML, HRIL.

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 | 24.00 | 0 | 698 | 265 | 0 | 698 | VISU |
| 1ST | 7+7/8 | 4+1/2 | 11.60 | 0 | 7,698 | 627 | 1,600 | 7,698 | 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 | 6,725 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| FORT HAYS | 7,005 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CODELL | 7,027 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| GREENHORN | 7,130 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| D SAND | 7,439 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| MOWRY | 7,486 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| J SAND | 7,500 | | <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: 3/7/2012 Email: eroberts@nobleenergyinc.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | |
|-----------------------------|-----------------------|---|--|
| <u>Attachment Checklist</u> | | | |
| 400258630 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 400258632 | 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> | | | |
| 400258620 | FORM 5 SUBMITTED | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400258629 | DIRECTIONAL DATA | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

General Comments

| User Group | Comment | Comment Date |
|------------|---------|--------------|
| | | |

Total: 0 comment(s)