

FORM
5

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400283797

Date Received:

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 05-123-34515-00 6. County: WELD
7. Well Name: RAYGLO Well Number: A14-68-1HN
8. Location: QtrQtr: SWNW Section: 14 Township: 6N Range: 64W Meridian: 6
Footage at surface: Distance: 1624 feet Direction: FNL Distance: 359 feet Direction: FWL
As Drilled Latitude: 40.488980 As Drilled Longitude: -104.525500

GPS Data:

Data of Measurement: 06/20/2011 PDOP Reading: 1.7 GPS Instrument Operator's Name: Robert Daley

** If directional footage at Top of Prod. Zone Dist.: 990 feet. Direction: FNL Dist.: 535 feet. Direction: FEL

Sec: 14 Twp: 6N Rng: 64W

** If directional footage at Bottom Hole Dist.: 990 feet. Direction: FNL Dist.: 535 feet. Direction: FEL

Sec: 14 Twp: 6N 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) 05/05/2012 13. Date TD: 05/10/2012 14. Date Casing Set or D&A: 05/10/2012

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7123 TVD** 6769 17 Plug Back Total Depth MD TVD**

18. Elevations GR 4741 KB 4765

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:

NONE

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
CONDUCTOR	18+1/2	16		0	100	6	0	100	VISU
SURF	13+3/4	9+5/8	36	0	857	414	0	857	CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 05/11/2012

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
	STAGE TOOL		220	6,523	7,123
	STAGE TOOL		270	5,900	6,500

Details of work:

See attached Kick-off Plug, Post Job Cement Summary.

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	
			<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

This well was drilled to a TD of 7123'. It was decided to sidetrack the well due to a suspected collision with the Ray-Glo #2, dry and abandoned well.

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: _____ Email: smiller@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400284553	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400284554	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>			
400285106	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)