<table>
<tr><td>FORM<br>5<br>Rev 02/08</td><td colspan="2">

**State of Colorado**
**Oil and Gas Conservation Commission**
1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109

**DRILLING COMPLETION REPORT**
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| DE | ET | OE | ES |
|----|----|----|----|

Document Number:
400276622

Date Received:
04/26/2012

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   05-123-31779-00                                  6. County:   WELD

7. Well Name:   ABBEY                                            Well Number:  D01-32D

8. Location:   QtrQtr:  SWNW     Section:  1     Township:  3N      Range: 64W      Meridian:  6

   Footage at surface:   Distance:  1965  feet   Direction:  FNL      Distance:  562  feet   Direction:  FWL

   As Drilled Latitude:   40.256350        As Drilled Longitude:   -104.506860

GPS Data:

   Data of Measurement:  11/08/2011     PDOP Reading: 2.4    GPS Instrument Operator's Name:      Paul Tappy

   ** If directional footage at Top of Prod. Zone    Dist.:  2615  feet. Direction:  FNL      Dist.:  198  feet. Direction:  FWL

                    Sec:  1       Twp:  3N        Rng:  64W

   ** If directional footage at Bottom Hole    Dist.:  2614  feet. Direction:  FNL      Dist.:  199  feet. Direction:  FWL

                    Sec:  1       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)  10/13/2011  13. Date TD:  10/17/2011  14. Date Casing Set or D&A:   10/18/2011

15. Well Classification:

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

16. Total Depth   MD   7574    TVD**  7442    17 Plug Back Total Depth   MD   7519    TVD**  7387

18. Elevations   GR   4728    KB   4743    | 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/VDL.

No open hole logs run.

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 | 752 | 335 | 0 | 762 | VISU |
| 1ST | 7+7/8 | 4+1/2 | 11.60 | 0 | 7,564 | 640 | 3,162 | 7,564 | 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 | 6,677 | | ☐ | ☐ | |
| FORT HAYS | 6,918 | | ☐ | ☐ | |
| CODELL | 6,942 | | ☐ | ☐ | |
| GREENHORN | 7,005 | | ☐ | ☐ | |
| MOWRY | 7,385 | | ☐ | ☐ | |
| J SAND | 7,400 | | ☐ | ☐ | |

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: 4/26/2012     Email: eroberts@nobleenergyinc.com

## Attachment Check List

| Att Doc Num | Document Name | | attached ? | |
|---|---|---|---|---|

**Attachment Checklist**

| Att Doc Num | Document Name | attached ? | | | |
|---|---|---|---|---|---|
| 400276790 | CMT Summary * | Yes | ☒ | No | ☐ |
| | Core Analysis | Yes | ☐ | No | ☒ |
| 400276791 | Directional Survey ** | Yes | ☒ | No | ☐ |
| | DST Analysis | Yes | ☐ | No | ☒ |
| | Logs | Yes | ☒ | No | ☐ |
| | Other | Yes | ☐ | No | ☒ |

**Other Attachments**

| Att Doc Num | Document Name | attached ? | | | |
|---|---|---|---|---|---|
| 400276622 | FORM 5 SUBMITTED | Yes | ☒ | No | ☐ |
| 400276781 | LAS-CEMENT BOND | Yes | ☒ | No | ☐ |
| 400276793 | DIRECTIONAL DATA | Yes | ☒ | No | ☐ |

### General Comments

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

Total: 0 comment(s)