

**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



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Document Number:  
400299077

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: Liz Lindow  
 2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4342  
 3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286  
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-31980-00 6. County: WELD  
 7. Well Name: Five Rivers Well Number: K17-27  
 8. Location: QtrQtr: SWSE Section: 8 Township: 4N Range: 66W Meridian: 6  
 Footage at surface: Distance: 186 feet Direction: FSL Distance: 1534 feet Direction: FEL  
 As Drilled Latitude: 40.319510 As Drilled Longitude: -104.797550

GPS Data:  
 Date of Measurement: 04/26/2012 PDOP Reading: 4.2 GPS Instrument Operator's Name: Paul Tappy

\*\* If directional footage at Top of Prod. Zone Dist.: \_\_\_\_\_ feet. Direction: \_\_\_\_\_ Dist.: \_\_\_\_\_ feet. Direction: \_\_\_\_\_  
 Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rng: \_\_\_\_\_  
 \*\* If directional footage at Bottom Hole Dist.: \_\_\_\_\_ feet. Direction: \_\_\_\_\_ Dist.: \_\_\_\_\_ feet. Direction: \_\_\_\_\_  
 Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rng: \_\_\_\_\_

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) 04/07/2012 13. Date TD: 04/11/2012 14. Date Casing Set or D&A: 04/12/2012

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

16. Total Depth MD 7423 TVD\*\* \_\_\_\_\_ 17 Plug Back Total Depth MD 7370 TVD\*\* \_\_\_\_\_

18. Elevations GR 4704 KB 4717 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:  
Triple Combo, CBL

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             | 693           | 254       | 0       | 703     | CALC   |
| 1ST         | 7+7/8        | 4+1/2          | 11.60 | 0             | 7,413         | 600       | 2,592   | 7,423   | CBL    |

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: \_\_\_\_\_

|             |        |                                   |               |            |               |
|-------------|--------|-----------------------------------|---------------|------------|---------------|
| Method used | String | Cementing tool setting/perf depth | Cement volume | Cement top | Cement bottom |
|             |        |                                   |               |            |               |

Details of work:

21. Formation log intervals and test zones:

| <b>FORMATION LOG INTERVALS AND TEST ZONES</b> |                |        |                          |                          |   |
|---|----------------|--------|--------------------------|--------------------------|---|
| FORMATION NAME                                | Measured Depth |        | Check if applies         |                          | COMMENTS (All DST and Core Analyses must be submitted to COGCC) |
|   | Top            | Bottom | DST                      | Cored                    |   |
| PIERRE  | 2,450          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| PARKMAN                                       | 3,664          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| SUSSEX  | 4,295          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| SHANNON                                       | 4,733          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| TEEPEE BUTTES                                 | 6,184          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| NIOBRARA                                      | 6,906          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| FORT HAYS                                     | 7,208          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| CODELL  | 7,230          |        | <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: Liz Lindow

Title: Regulatory Analyst Date: \_\_\_\_\_ Email: llindow@nobleenergyinc.com

### Attachment Check List

| Att Doc Num                 | Document Name          | attached ?                              |  |
|-----------------------------|------------------------|---|--|
| <b>Attachment Checklist</b> |                        |   |  |
| 400302520                   | CMT Summary *          | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
|                             | Core Analysis          | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> |
|                             | Directional Survey **  | Yes <input type="checkbox"/>            | No <input checked="" 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"/> |
| <b>Other Attachments</b>    |                        |   |  |
| 400302515                   | LAS-CEMENT BOND        | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400302517                   | LAS-TRIPLE COMBINATION | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |

### General Comments

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

Total: 0 comment(s)