

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:

400311739

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.

Completion Type [X] Final completion [ ] Preliminary completion

1. OGCC Operator Number: 100322 4. Contact Name: Sarah Finnegan
2. Name of Operator: NOBLE ENERGY INC Phone: (720) 587-2265
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
City: DENVER State: CO Zip: 80202

5. API Number 05-123-34256-00 6. County: WELD
7. Well Name: DECHANT Well Number: D31-28D
8. Location: QtrQtr: SESW Section: 30 Township: 3N Range: 64W Meridian: 6
Footage at surface: Distance: 277 feet Direction: FSL Distance: 2084 feet Direction: FWL
As Drilled Latitude: 40.189660 As Drilled Longitude: -104.595370

GPS Data:
Date of Measurement: 01/09/2012 PDOP Reading: 1.8 GPS Instrument Operator's Name: Paul Tappy

\*\* If directional footage at Top of Prod. Zone Dist.: 178 feet. Direction: FSL Dist.: 2368 feet. Direction: FWL
Sec: 30 Twp: 3N Rng: 64W
\*\* If directional footage at Bottom Hole Dist.: 165 feet. Direction: FSL Dist.: 2377 feet. Direction: FWL
Sec: 30 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) 12/26/2011 13. Date TD: 12/30/2011 14. Date Casing Set or D&A: 12/31/2011

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

16. Total Depth MD 7740 TVD\*\* 7712 17 Plug Back Total Depth MD 7686 TVD\*\* 7658

18. Elevations GR 4801 KB 4816
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, Triple Combo

20. Casing, Liner and Cement:

CASING

Table with 10 columns: Casing Type, Size of Hole, Size of Casing, Wt/Ft, Csg/Liner Top, Setting Depth, Sacks Cmt, Cmt Top, Cmt Bot, Status. Rows include SURF and 1ST.

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:

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	
PIERRE	579		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,876		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,464		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,989		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,780		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,050		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,075		<input type="checkbox"/>	<input type="checkbox"/>	
D SAND	7,483		<input type="checkbox"/>	<input type="checkbox"/>	
MOWRY	7,531		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,545		<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: Sarah Finnegan

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

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400315773	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400311787	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>			
400311777	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400311778	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400314434	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)