

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:
400278563

Date Received:
05/01/2012

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
2. Name of Operator: NOBLE ENERGY INC
3. Address: 1625 BROADWAY STE 2200
City: DENVER State: CO Zip: 80202
4. Contact Name: Tania McNutt
Phone: (303) 228-4392
Fax: (303) 228-4286

5. API Number 05-123-34575-00
6. County: WELD
7. Well Name: RH FARMS Well Number: I133-12D
8. Location: QtrQtr: SWSW Section: 33 Township: 7N Range: 66W Meridian: 6
Footage at surface: Distance: 712 feet Direction: FSL Distance: 678 feet Direction: FWL
As Drilled Latitude: 40.525810 As Drilled Longitude: -104.791510

GPS Data:
Date of Measurement: 01/10/2012 PDOP Reading: 3.3 GPS Instrument Operator's Name: Paul Tappy

** If directional footage at Top of Prod. Zone Dist.: 1976 feet. Direction: FSL Dist.: 641 feet. Direction: FWL
Sec: 33 Twp: 7N Rng: 66W
** If directional footage at Bottom Hole Dist.: 1975 feet. Direction: FSL Dist.: 641 feet. Direction: FWL
Sec: 33 Twp: 7N Rng: 66W

9. Field Name: EATON 10. Field Number: 19350
11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 12/30/2011 13. Date TD: 01/02/2012 14. Date Casing Set or D&A: 01/03/2012

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

16. Total Depth MD 7690 TVD** 7477 17 Plug Back Total Depth MD 7637 TVD** 7424

18. Elevations GR 4865 KB 4879
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

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	14	1,031	411	0	1,031	CALC
1ST	7+7/8	4+1/2	11.6	14	7,679	625	2,310	7,679	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:

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	
PARKMAN	3,867		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,703		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,110		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,230		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,534		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,555		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Hard copies of logs were mailed to COGCC on 5/1/12

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Tania McNutt

Title: Regulatory Analyst Date: 5/1/2012 Email: tmcnutt@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400278625	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400278626	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"/>
400278627	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other Attachments			
400278563	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400278602	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400278618	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400278623	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group Comment Comment Date

--	--	--

Total: 0 comment(s)