

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:

400284848

Date Received:

05/15/2012

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 05-123-32944-00
6. County: WELD
7. Well Name: Pettinger Well Number: AB27-01
8. Location: QtrQtr: NENE Section: 27 Township: 7N Range: 64W Meridian: 6
Footage at surface: Distance: 490 feet Direction: FNL Distance: 825 feet Direction: FEL
As Drilled Latitude: 40.550160 As Drilled Longitude: -104.529260

GPS Data:
Date of Measurement: 01/09/2012 PDOP Reading: 4.7 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) 11/29/2011 13. Date TD: 12/03/2011 14. Date Casing Set or D&A: 12/03/2011

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

16. Total Depth MD 7248 TVD** 17 Plug Back Total Depth MD 7194 TVD**

18. Elevations GR 4842 KB 4855
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 | 13 | 770 | 278 | 0 | 770 | CALC |
| 1ST | 7+7/8 | 4+1/2 | 11.6 | 13 | 7,240 | 600 | 2,322 | 7,240 | 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 | |
| PIERRE | 2,992 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| PARKMAN | 3,744 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| SUSSEX | 4,531 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| SHANNON | 5,116 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| NIOBRARA | 6,757 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| FORT HAYS | 7,035 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CODELL | 7,059 | | <input type="checkbox"/> | <input type="checkbox"/> | |

Comment:

Hard copies of logs were mailed to COGCC on 5/15/12

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: 5/15/2012 Email: tmcnutt@nobleenergyinc.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | |
|-----------------------------|----------------------------|-----------------------------------------|----------------------------------------|
| <u>Attachment Checklist</u> | | | |
| 400284862 | 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"/> |
| 400284856 | Other | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| <u>Other Attachments</u> | | | |
| 400284848 | DRILLING COMPLETION REPORT | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400284852 | LAS-TRIPLE COMBINATION | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400284853 | LAS-CEMENT BOND | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400319150 | FORM 5 SUBMITTED | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

General Comments

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

Total: 0 comment(s)