FORM 5		
Rev 02/08		

DE	ET	OE	ES

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

Document Number:

400299077

Date Received:

07/12/2012

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
2. Name of Operator: NOBLE ENERGY INC
3. Address: 1625 BROADWAY STE 2200
   City: DENVER   State: CO   Zip: 80202

4. Contact Name: Liz Lindow
   Phone: (303) 228-4342
   Fax: (303) 228-4286

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:
   Data 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	693	VISU
1ST	7+7/8	4+1/2	11.60	0	7,413	600	3,910	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:

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	2,450		☐	☐	
PARKMAN	3,664		☐	☐	
SUSSEX	4,295		☐	☐	
SHANNON	4,733		☐	☐	
TEEPEE BUTTES	6,184		☐	☐	
NIOBRARA	6,906		☐	☐	
FORT HAYS	7,208		☐	☐	
CODELL	7,230		☐	☐	

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: 7/12/2012   Email: llindow@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?			

Attachment Checklist

Att Doc Num	Document Name				
400302520	CMT Summary *	Yes ☒	No ☐		
	Core Analysis	Yes ☐	No ☒		
	Directional Survey **	Yes ☐	No ☒		
	DST Analysis	Yes ☐	No ☒		
	Logs	Yes ☒	No ☐		
	Other	Yes ☐	No ☒		

Other Attachments

Att Doc Num	Document Name				
400299077	FORM 5 SUBMITTED	Yes ☒	No ☐		
400302515	LAS-CEMENT BOND	Yes ☒	No ☐		
400302517	LAS-TRIPLE COMBINATION	Yes ☒	No ☐		

General Comments

User Group	**Comment**	**Comment Date**

Total: 0 comment(s)