

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:
400320104

Date Received:
08/24/2012

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 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 05-123-34902-00 6. County: WELD
7. Well Name: AMBER G Well Number: 06-21D
8. Location: QtrQtr: NESE Section: 6 Township: 4N Range: 65W Meridian: 6
Footage at surface: Distance: 1591 feet Direction: FSL Distance: 1175 feet Direction: FEL
As Drilled Latitude: 40.338760 As Drilled Longitude: -104.700800

GPS Data:
Date of Measurement: 05/24/2012 PDOP Reading: 4.3 GPS Instrument Operator's Name: Paul Tappy

** If directional footage at Top of Prod. Zone Dist.: 2539 feet. Direction: FSL Dist.: 2575 feet. Direction: FEL
Sec: 6 Twp: 4N Rng: 65W

** If directional footage at Bottom Hole Dist.: 2539 feet. Direction: FSL Dist.: 2565 feet. Direction: FEL
Sec: 6 Twp: 4N Rng: 65W

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) 05/03/2012 13. Date TD: 05/06/2012 14. Date Casing Set or D&A: 05/07/2012

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

16. Total Depth MD 7685 TVD** 7356 17 Plug Back Total Depth MD 7632 TVD** 7303

18. Elevations GR 4684 KB 4698 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	24.00	0	698	329	0	708	CALC
1ST	7+7/8	4+1/2	11.60	0	7,675	625	1,920	7,685	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	2,544		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,805		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,569		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,208		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,125		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,434		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,458		<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: 8/24/2012 Email: sfinnegan@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400320133	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400320131	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>			
400320104	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400320126	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400320128	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400320130	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)