

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:

400308765

Date Received:

07/31/2012

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: EILEEN ROBERTS
Phone: (303) 2284330
Fax: (303) 2284286

5. API Number 05-123-34344-00
6. County: WELD
7. Well Name: KRIER GV Well Number: 25-62HN
8. Location: QtrQtr: SWSW Section: 25 Township: 9N Range: 61W Meridian: 6
Footage at surface: Distance: 700 feet Direction: FSL Distance: 350 feet Direction: FWL
As Drilled Latitude: 40.714340 As Drilled Longitude: -104.161570

GPS Data:
Date of Measurement: 02/23/2012 PDOP Reading: 4.0 GPS Instrument Operator's Name: Paul Tappy

** If directional footage at Top of Prod. Zone Dist.: 735 feet. Direction: FSL Dist.: 477 feet. Direction: FWL
Sec: 25 Twp: 9N Rng: 61W
** If directional footage at Bottom Hole Dist.: 821 feet. Direction: FSL Dist.: 680 feet. Direction: FEL
Sec: 25 Twp: 9N Rng: 61W

9. Field Name: DJ HORIZONTAL NIOBRARA 10. Field Number: 16950
11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 11/06/2011 13. Date TD: 11/17/2011 14. Date Casing Set or D&A: 11/22/2011

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

16. Total Depth MD 10090 TVD** 6430 17 Plug Back Total Depth MD 10074 TVD** 6414

18. Elevations GR 4958 KB 4982
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/GRL/CCL/VDL.

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
CONDUCTOR	18+1/2	16+0/0	84.00	0	124	51	0	124	CALC
SURF	13+3/4	9+5/8	36.00	0	978	398	0	988	CALC
1ST	8+3/4	7+0/0	26.00	0	6,855	555	1,670	6,865	CBL
1ST LINER	6+1/8	4+1/2	11.60	6430	10,075				

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	3,661		<input type="checkbox"/>	<input type="checkbox"/>	
TEEPEE BUTTES	5,631		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	6,311		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,541		<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: Eileen Roberts

Title: Regulatory Specialist Date: 7/31/2012 Email: eroberts@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400308810	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400308812	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>			
400308765	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400308809	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400310996	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400332423	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	Uploaded directional using operators data. Waiting on map to update.	10/1/2012 10:50:25 AM

Total: 1 comment(s)