

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



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Document Number:
400374119

Date Received:

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: Julie Webb
 2. Name of Operator: NOBLE ENERGY INC Phone: (720) 587-2079
 3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-18710-00 6. County: WELD
 7. Well Name: HUNGENBERG WATSON Well Number: E 21-14
 8. Location: QtrQtr: SESW Section: 21 Township: 6N Range: 65W Meridian: 6
 Footage at surface: Distance: 465 feet Direction: FSL Distance: 2181 feet Direction: FWL
 As Drilled Latitude: _____ As Drilled Longitude: _____

GPS Data:
 Date of Measurement: _____ PDOP Reading: _____ GPS Instrument Operator's Name: _____

** 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: 64242

12. Spud Date: (when the 1st bit hit the dirt) 11/06/1994 13. Date TD: 11/10/1994 14. Date Casing Set or D&A: 11/10/1994

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

16. Total Depth MD 7300 TVD** _____ 17 Plug Back Total Depth MD 7270 TVD** _____

18. Elevations GR 4718 KB 4731 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:
Gamma Ray CCL/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 | 0 | 355 | 250 | 0 | 355 | CALC |
| 1ST | 7+7/8 | 3+1/2 | 7.7 | 0 | 7,280 | 215 | 2,800 | 7,300 | CBL |

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 11/15/2012

| Method used | String | Cementing tool setting/perf depth | Cement volume | Cement top | Cement bottom |
|-------------|----------|-----------------------------------|---------------|------------|---------------|
| | S.C. 1.1 | | 235 | 13 | 570 |

Details of work:

Control well with kill fluid. RIH Bit & Scraper and RIH W/ 223 jts 2 1/16" 3.25# N-80 tubing. Tagged fill at 7120 KB. Set the RBP @ 6600' KB W/207 jts.

Pick up mule shoe and 18jts 1 1/4 to 570'. Established circulation. Tested lines to 3500 psi. Pimp 5 bbls spacer ahead. Pump 235 sks of "G" neat 15.8ppg cement from 570' to surface. Bond log from 1000' to surface. Annular fill bottom of cement was at 570'. New string tested to 6500 psi. Land 1 1/4 2.7# J-55 tubing to 7048.48' KB. Rig down and move off.

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 | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |

Comment:

Gamma Ray CCI/CBL hard copies will be mailed.

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

Signed: _____ Print Name: Julie Webb

Title: Regulatory Analyst Date: _____ Email: julie.webb@nobleenergyinc.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | |
|-----------------------------|-----------------------|------------------------------|--|
| Attachment Checklist | | | |
| | CMT Summary * | Yes <input type="checkbox"/> | No <input checked="" 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 type="checkbox"/> | No <input checked="" type="checkbox"/> |
| | Other | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |

General Comments

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

Total: 0 comment(s)