

Document Number:
400292798

Date Received:
06/06/2012

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: EILEEN ROBERTS
 2. Name of Operator: NOBLE ENERGY INC Phone: (303) 2284330
 3. Address: 1625 BROADWAY STE 2200 Fax: (303) 2284286
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-26997-00 6. County: WELD
 7. Well Name: CONAGRA B Well Number: 30-31D
 8. Location: QtrQtr: SWNW Section: 30 Township: 5N Range: 64W Meridian: 6
 Footage at surface: Distance: 1914 feet Direction: FNL Distance: 631 feet Direction: FWL
 As Drilled Latitude: 40.372127 As Drilled Longitude: -104.599718

GPS Data:
 Date of Measurement: 06/16/2009 PDOP Reading: 2.4 GPS Instrument Operator's Name: Brian DeRose

** If directional footage at Top of Prod. Zone Dist.: 1497 feet. Direction: FNL Dist.: 95 feet. Direction: FWL
 Sec: 30 Twp: 5N Rng: 64W
 ** If directional footage at Bottom Hole Dist.: 1496 feet. Direction: FNL Dist.: 95 feet. Direction: FWL
 Sec: 30 Twp: 5N Rng: 64W

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) 05/07/2009 13. Date TD: 05/09/2009 14. Date Casing Set or D&A: 05/10/2009

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

16. Total Depth MD 7170 TVD** 7092 17 Plug Back Total Depth MD 7125 TVD** 7047

18. Elevations GR 4684 KB 4697
 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, CDL/CNL/ML, DIL/GRL.

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	13	395	167	0	405	CALC
1ST	7+7/8	4+1/2	11.60	13	7,161	985	3,215	7,161	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 07/28/2009

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	728	125	408	728

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	
SUSSEX	4,280		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,859		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,702		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	6,993		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,017		<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	7,098		<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: 6/6/2012 Email: eroberts@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400293066	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400293067	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>			
400292798	DRILLING COMPLETION REPORT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400293043	LAS-IND-DENS-NEU	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400343231	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)