

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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| DE | ET | OE | ES |
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Document Number:
400385871

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: Kathleen Mills
 2. Name of Operator: NOBLE ENERGY INC Phone: (720) 587-2226
 3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-30544-00 6. County: WELD
 7. Well Name: FIVE RIVERS USX K Well Number: 09-07D
 8. Location: QtrQtr: SENW Section: 9 Township: 4N Range: 66W Meridian: 6
 Footage at surface: Distance: 1582 feet Direction: FNL Distance: 1479 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.: 2016 feet. Direction: FNL Dist.: 2020 feet. Direction: FEL
 Sec: 9 Twp: 4N Rng: 66W
 ** If directional footage at Bottom Hole Dist.: 2016 feet. Direction: FNL Dist.: 2020 feet. Direction: FEL
 Sec: 9 Twp: 4N Rng: 66W

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) 07/21/2009 13. Date TD: 07/24/2009 14. Date Casing Set or D&A: 07/25/2009

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

16. Total Depth MD 7835 TVD** 7412 17 Plug Back Total Depth MD 7784 TVD** 7361

18. Elevations GR 4698 KB 4711 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:
NO CBL RUN AFTER REMEDIAL CMT JOB

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 | 586 | 246 | 0 | 596 | |
| 1ST | 7+7/8 | 4+1/2 | 11.6 | 0 | 7,828 | 1,110 | 775 | 7,835 | |

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 10/15/2009

| Method used | String | Cementing tool setting/perf depth | Cement volume | Cement top | Cement bottom |
|-------------|--------|-----------------------------------|---------------|------------|---------------|
| PERF & PUMP | 1ST | | 110 | 642 | 824 |

Details of work:

PUMP 110 SXS AND DISPLACE WITH 1 BBL WATER, ROLL HOLE WITH 38 BBLs WATER.

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:

ANNULAR FILL

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

Signed: _____ Print Name: Kathleen Mills

Title: Regulatory Analyst Date: _____ Email: kmills@nobleenergyinc.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | |
|-----------------------------|-----------------------|---|--|
| <u>Attachment Checklist</u> | | | |
| 400385923 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input 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

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

Total: 0 comment(s)