<table>
<tr><td>FORM 5
Rev 02/08</td><td colspan="2">State of Colorado
Oil and Gas Conservation Commission
1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109</td><td>DE | ET | OE | ES</td></tr>
</table>

| 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 |

DRILLING COMPLETION REPORT

Document Number: 400387433

Date Received: 03/07/2013

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 [X] 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: Julie Webb
   Phone: (720) 587-2316
   Fax:

5. API Number 05-123-15373-00
6. County: WELD
7. Well Name: KUGEL W   Well Number: 4-4
8. Location: QtrQtr: NWNW   Section: 4   Township: 2N   Range: 66W   Meridian: 6
   Footage at surface: Distance: 660 feet Direction: FNL   Distance: 660 feet Direction: FWL
   As Drilled Latitude: As Drilled Longitude:

GPS Data:
   Data 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:

12. Spud Date: (when the 1st bit hit the dirt) 11/20/1991 13. Date TD: 11/26/1991 14. Date Casing Set or D&A: 11/27/1991

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

16. Total Depth MD 7548 TVD**   17 Plug Back Total Depth MD 7472 TVD**

18. Elevations GR 4896 KB 4906   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	613	310	0	613	CALC
1ST	7+7/8	2+7/8	6.5	0	7,529	300	6,500	7,548	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date:	10/16/2012					
Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	S.C. 1.1		308	10	881

Details of work:

Control well w/ 2% KCL Water kill fluid. RIH w/ blade bit, and scraper, 237 jts 1 ¼" 3.02# N-80 tubing. Tagged fill at 7449 KB. TIH w/RBP, retrieved head, 230 jts tubing. Set RBP @ 7219 KB w/ 230 jts. Unland casing.
Pick Up mule shoe and RIH w/108 jts of 1 ¼"to 3394'. Condition hole. Tested iron to 2500 Psi. Pump 3 bbls ahead. Pump 308 sks of "G" neat 15.8 ppg cement from 885' to surface. Ran CBL from 1000' to surface. Reland casing @ 35K. Land 1 1/4" 2.33# J-55 tubing to 7338.95'. 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	
			☐	☐	

Comment:

Gamma Ray CCL/CBL hard copy 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: 3/7/2013   Email: juliewebb@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name		attached ?		

Attachment Checklist

Att Doc Num	Document Name	attached ?
400388992	CMT Summary *	Yes ☒ No ☐
	Core Analysis	Yes ☐ No ☒
	Directional Survey **	Yes ☐ No ☒
	DST Analysis	Yes ☐ No ☒
	Logs	Yes ☐ No ☒
	Other	Yes ☐ No ☒

Other Attachments

Att Doc Num	Document Name	attached ?
400387433	FORM 5 SUBMITTED	Yes ☒ No ☐

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)