

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:
400413145

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) 587-2316
 3. Address: 1625 BROADWAY STE 2200 Fax: _____
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-12797-00 6. County: WELD
 7. Well Name: STATE-SCHMIDT Well Number: 36-5
 8. Location: QtrQtr: NWSE Section: 36 Township: 5N Range: 65W Meridian: 6
 Footage at surface: Distance: 1980 feet Direction: FSL Distance: 1972 feet Direction: FEL
 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: 68102

12. Spud Date: (when the 1st bit hit the dirt) 11/22/1985 13. Date TD: 11/30/1985 14. Date Casing Set or D&A: 12/02/1985

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

16. Total Depth MD 7145 TVD** _____ 17 Plug Back Total Depth MD 7102 TVD** _____

18. Elevations GR 4733 KB 4744 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 | 306 | 210 | 0 | 306 | CALC |
| 1ST | 7+7/8 | 4+1/2 | 15.1 | 0 | 7,134 | 200 | 6,202 | 7,134 | CBL |

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 01/23/2013

| Method used | String | Cementing tool setting/perf depth | Cement volume | Cement top | Cement bottom |
|-------------|----------|-----------------------------------|---------------|------------|---------------|
| | S.C. 1.1 | | 250 | 0 | 7,134 |
| | S.C. 1.1 | | 300 | 0 | 7,134 |

Details of work:

Control well w/ 2% KCL water. RIH w/ blade bit, and scraper, 234 jts. Tagged fill at 7030' KB. TIH w/ RBP, retrieved head, 219 jts 2 3/8" tubing. Set RBP @ 6611' KB w/ 219 jts. Pressure test to 1000#. Spot 2sks sand on plug. Unland casing. Pick Up mule shoe and TIH w/153 jts of 1 1/4" to 4819'. Test Iron to 3500 psi. Pump 250 sks of Fracem cement @13.5 ppg cement from 7134' to surface. Pump 300 sks of "G" neat 15.8 ppg cement from 7134' to surface. Reland casing. Bond log from 5000' to surface. Cement from 4770' to 3870' and from 650' to surface. RIH w/ retrieving head and establish circulation and latch onto RBP. Roll hole clean and release RBP. Land 2 3/8" 4.7 # J-55 tubing to 6039' 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:

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: juliewebb@nobleenergyinc.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | |
|-----------------------------|-----------------------|---|--|
| Attachment Checklist | | | |
| 400413157 | 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

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

Total: 0 comment(s)