

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

Document Number:
400406610

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 05-123-34772-00 6. County: WELD
7. Well Name: DYER USX AB Well Number: 35-67-1HN
8. Location: QtrQtr: NENE Section: 34 Township: 7N Range: 64W Meridian: 6
Footage at surface: Distance: 367 feet Direction: FNL Distance: 270 feet Direction: FEL
As Drilled Latitude: 40.536020 As Drilled Longitude: -104.527730

GPS Data:

Date of Measurement: 04/10/2012 PDOP Reading: 3.1 GPS Instrument Operator's Name: PAUL TAPPY

** If directional footage at Top of Prod. Zone Dist.: 1582 feet. Direction: FNL Dist.: 693 feet. Direction: FWL
Sec: 35 Twp: 7N Rng: 64W

** If directional footage at Bottom Hole Dist.: 1483 feet. Direction: FNL Dist.: 501 feet. Direction: FEL
Sec: 35 Twp: 7N 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) 03/19/2012 13. Date TD: 03/27/2012 14. Date Casing Set or D&A: 03/28/2012

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 11707 TVD** 6931 17 Plug Back Total Depth MD 11691 TVD** 6915

18. Elevations GR 4882 KB 4896

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:

CEMENT EVALUATION, NO OTHER LOGS SENT AT THIS TIME

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
CONDUCTOR	24	16	75	0	124		0	124	VISU
SURF	13+3/4	9+5/8	36	0	839	371	0	839	VISU
1ST	8+3/4	7	26	0	7,483	605	150	7,483	CALC
1ST LINER	6+1/8	4+1/2	11.6	7379	11,692	0			

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

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	
PIERRE	2,720		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,820		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,612		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,260		<input type="checkbox"/>	<input type="checkbox"/>	
TEEPEE BUTTES	6,273		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,099		<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: Kathleen Mills

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

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400407087	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400406628	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"/>
Other Attachments			
400406631	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400415152	PDF-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400415153	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

User Group	Comment	Comment Date

Total: 0 comment(s)