

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:
400416374

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

5. API Number 05-123-34786-00
6. County: WELD
7. Well Name: FIVE M Well Number: E28-67HN
8. Location: QtrQtr: NWNW Section: 28 Township: 6N Range: 65W Meridian: 6
Footage at surface: Distance: 684 feet Direction: FNL Distance: 284 feet Direction: FWL
As Drilled Latitude: 40.463330 As Drilled Longitude: -104.676970

GPS Data:
Date of Measurement: 01/08/2013 PDOP Reading: 3.3 GPS Instrument Operator's Name: Paul Tappy

** If directional footage at Top of Prod. Zone Dist.: 1682 feet. Direction: FNL Dist.: 784 feet. Direction: FWL
Sec: 28 Twp: 6N Rng: 65W

** If directional footage at Bottom Hole Dist.: 1706 feet. Direction: FNL Dist.: 2106 feet. Direction: FWL
Sec: 27 Twp: 6N Rng: 65W

9. Field Name: GREELEY 10. Field Number: 32760
11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 12/04/2012 13. Date TD: 12/14/2012 14. Date Casing Set or D&A: 12/16/2012

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

16. Total Depth MD 14063 TVD** 6908 17 Plug Back Total Depth MD 14039 TVD** 6884

18. Elevations GR 4712 KB 4736
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
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+0/0	16+0/0	42.09	0	124	80	0	124	VISU
SURF	13+3/4	9+5/8	36.00	0	775	424	0	775	VISU
1ST	8+3/4	7+0/0	26.00	0	7,396	600	1,712	7,396	CALC
1ST LINER	6+1/8	4+1/2	11.60	7297	14,048	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	3,117		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,950		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,530		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,284		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,990		<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: _____ Email: eroberts@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400416448	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400416449	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>			
400416452	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400416954	PDF-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400416955	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)