

**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

4. Contact Name: EILEEN ROBERTS

2. Name of Operator: NOBLE ENERGY INC

Phone: (303) 2284330

3. Address: 1625 BROADWAY STE 2200

Fax: (303) 2284286

City: DENVER State: CO Zip: 80202

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:

Data 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

| | | |
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Total: 0 comment(s)