

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:
400472497

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 05-123-33852-00 6. County: WELD
 7. Well Name: RHINO STATE D Well Number: 27-27D
 8. Location: QtrQtr: NESW Section: 27 Township: 3N Range: 64W Meridian: 6
 Footage at surface: Distance: 2590 feet Direction: FSL Distance: 2583 feet Direction: FWL
 As Drilled Latitude: 40.196230 As Drilled Longitude: -104.537760

GPS Data:
 Date of Measurement: 09/16/2011 PDOP Reading: 2.6 GPS Instrument Operator's Name: PAUL TAPPY

** If directional footage at Top of Prod. Zone Dist.: 79 feet. Direction: FSL Dist.: 1329 feet. Direction: FEL

Sec: 22 Twp: 3N Rng: 64W

** If directional footage at Bottom Hole Dist.: 83 feet. Direction: FSL Dist.: 1327 feet. Direction: FEL

Sec: 22 Twp: 3N 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) 08/31/2011 13. Date TD: 09/04/2011 14. Date Casing Set or D&A: 09/04/2011

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

16. Total Depth MD 8034 TVD** 7165 17 Plug Back Total Depth MD 7990 TVD** 7121

18. Elevations GR 4866 KB 4879 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

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+5/9	24	0	824	312	0	824	VISU
1ST	7+7/8	4+1/2	11.6	0	8,034	665	1,994	8,034	CALC

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	3,167		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	4,202		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,963		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,705		<input type="checkbox"/>	<input type="checkbox"/>	
TEEPEE BUTTES	6,873		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,608		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,880		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,948		<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 ?	
<u>Attachment Checklist</u>			
400472531	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400472532	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>			
400472525	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400472533	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)