

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:

400474190

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 05-123-35679-00 6. County: WELD
7. Well Name: THISTLE DOWN STATE PC Well Number: F36-67HN
8. Location: QtrQtr: SENE Section: 36 Township: 5N Range: 65W Meridian: 6
Footage at surface: Distance: 2315 feet Direction: FNL Distance: 279 feet Direction: FEL
As Drilled Latitude: 40.356561 As Drilled Longitude: -104.603050

GPS Data:
Date of Measurement: 01/07/2013 PDOP Reading: 3.8 GPS Instrument Operator's Name: PAUL TAPPY

** If directional footage at Top of Prod. Zone Dist.: 1204 feet. Direction: FNL Dist.: 984 feet. Direction: FEL
Sec: 36 Twp: 5N Rng: 65W
** If directional footage at Bottom Hole Dist.: 1200 feet. Direction: FNL Dist.: 535 feet. Direction: FWL
Sec: 36 Twp: 5N Rng: 65W

9. Field Name: WATTENBERG 10. Field Number: 90750
11. Federal, Indian or State Lease Number: 81/6053-S

12. Spud Date: (when the 1st bit hit the dirt) 02/10/2013 13. Date TD: 02/18/2013 14. Date Casing Set or D&A: 02/20/2013

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

16. Total Depth MD 11330 TVD** 6919 17 Plug Back Total Depth MD 11319 TVD** 6919

18. Elevations GR 4770 KB 4788
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, MUD, GR

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	26	20	42.05	0	98	80	0	98	VISU
SURF	13+3/4	9+5/8	36	0	629	358	0	629	VISU
1ST	8+3/4	7	26	0	7,442	677	850	7,442	CALC
1ST LINER	6+1/8	4+1/2	11.6	7294	11,320	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	2,448		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,821		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,306		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,023		<input type="checkbox"/>	<input type="checkbox"/>	
TEEPEE BUTTES	6,093		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,873		<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			
400474438	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400474439	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			
400474279	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400474283	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400474286	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400474288	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400474293	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400474430	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400474436	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400474437	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400474440	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)