

**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:  
400605487

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: <u>100322</u>                 | 4. Contact Name: <u>Kathleen Mills</u> |
| 2. Name of Operator: <u>NOBLE ENERGY INC</u>           | Phone: <u>(720) 587-2226</u>           |
| 3. Address: <u>1625 BROADWAY STE 2200</u>              | Fax: <u>(303) 228-4286</u>             |
| City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u> |  |

|  |  |
|--|--|
| 5. API Number <u>05-123-29944-00</u>   | 6. County: <u>WELD</u>                           |
| 7. Well Name: <u>SCHMIDT G</u>   | Well Number: <u>30-25</u>                        |
| 8. Location: QtrQtr: <u>NWSW</u> Section: <u>30</u> Township: <u>4N</u> Range: <u>65W</u> Meridian: <u>6</u> |  |
| Footage at surface: Distance: <u>1390</u> feet Direction: <u>FSL</u>   | Distance: <u>1242</u> feet Direction: <u>FWL</u> |
| As Drilled Latitude: _____   | As Drilled Longitude: _____                      |

GPS Data:  
Data of Measurement: \_\_\_\_\_ PDOP Reading: \_\_\_\_\_ GPS Instrument Operator's Name: \_\_\_\_\_

\*\* If directional footage at Top of Prod. Zone Dist.: \_\_\_\_\_ feet. Direction: \_\_\_\_\_ Dist.: \_\_\_\_\_ feet. Direction: \_\_\_\_\_  
Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rng: \_\_\_\_\_

\*\* If directional footage at Bottom Hole Dist.: \_\_\_\_\_ feet. Direction: \_\_\_\_\_ Dist.: \_\_\_\_\_ feet. Direction: \_\_\_\_\_  
Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rng: \_\_\_\_\_

|  |                                |
|--|--------------------------------|
| 9. Field Name: <u>HAMBERT</u>                    | 10. Field Number: <u>33530</u> |
| 11. Federal, Indian or State Lease Number: _____ |                                |

|  |                                |   |
|--|--------------------------------|---|
| 12. Spud Date: (when the 1st bit hit the dirt) <u>01/13/2010</u> | 13. Date TD: <u>01/15/2010</u> | 14. Date Casing Set or D&A: <u>01/16/2010</u> |
|--|--------------------------------|---|

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

|  |   |
|--|---|
| 16. Total Depth MD <u>7450</u> TVD** _____ | 17 Plug Back Total Depth MD <u>7402</u> TVD** _____ |
|--|---|

|  |  |
|--|--|
| 18. Elevations GR <u>4809</u> KB <u>4822</u> | 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+5/8          | 0     | 0             | 522           |           | 0       | 522     | VISU   |
| 1ST         | 7+7/8        | 4+1/2          | 0     | 0             | 7,446         |           | 2,350   | 7,446   | CALC   |

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: \_\_\_\_\_

| Method used | String | Cementing tool setting/perf depth | Cement volume | Cement top | Cement bottom |
|-------------|--------|-----------------------------------|---------------|------------|---------------|
| 1 INCH      | SURF   | 600                               | 171           | 0          | 600           |

Details of work:  
 1-1/4" STRING SIZE

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                    |   |
|                |                |        | <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 ?                              |  |
|-----------------------------|-----------------------|---|--|
| <b>Attachment Checklist</b> |                       |   |  |
| 400605492                   | CMT Summary *         | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
|                             | Core Analysis         | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> |
|                             | Directional Survey ** | Yes <input type="checkbox"/>            | No <input checked="" 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"/> |
| <b>Other Attachments</b>    |                       |   |  |
| 400605491                   | PDF-CEMENT BOND       | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |

**General Comments**

| User Group | Comment | Comment Date |
|------------|---------|--------------|
|            |         |              |

Total: 0 comment(s)