

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



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Document Number:
1653866

Date Received:
03/08/2010

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: ANDREA RAWSON
 2. Name of Operator: NOBLE ENERGY INC Phone: (281) 876-6105
 3. Address: 1625 BROADWAY STE 2200 Fax: (281) 876-2503
 City: DENVER State: CO Zip: 80202

5. API Number 05-013-06559-00 6. County: BOULDER
 7. Well Name: YOUNG MC Well Number: 23-12D
 8. Location: QtrQtr: NWSW Section: 23 Township: 1N Range: 69W Meridian: 6
 Footage at surface: Distance: 2088 feet Direction: FSL Distance: 284 feet Direction: FWL
 As Drilled Latitude: 40.034931 As Drilled Longitude: -105.092250

GPS Data:
 Date of Measurement: 10/09/2009 PDOP Reading: 4.1 GPS Instrument Operator's Name: BRIAN DEROSE

** If directional footage at Top of Prod. Zone Dist.: 1966 feet. Direction: FSL Dist.: 672 feet. Direction: FWL
 Sec: 23 Twp: 1N Rng: 69W

** If directional footage at Bottom Hole Dist.: 1967 feet. Direction: FSL Dist.: 671 feet. Direction: FWL
 Sec: 23 Twp: 1N Rng: 69W

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) 09/09/2009 13. Date TD: 09/13/2009 14. Date Casing Set or D&A: 09/13/2009

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

16. Total Depth MD 8108 TVD** 8068 17 Plug Back Total Depth MD 8087 TVD** 8047

18. Elevations GR 5104 KB 5117 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/GR/CCL, PNN/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
SURF	12+1/4	8+5/8		0	758	242	0	758	CALC
1ST	7+7/8	4+1/2		0	8,087	83	4,920	8,087	CBL

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	
NIOBRARA	7,500		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,898		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,918		<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	8,004		<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: Y _____ Print Name: ANDREA RAWSON _____

Title: REG SPEC Date: 2/23/2010 Email: ARAWSON@NOBLEENERGYINC.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2070777	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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
1653866	DRILLING COMPLETION REPORT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)