

FORM 5 Rev 02/08	State of Colorado Oil and Gas Conservation Commission 1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109		DE ET OE ES
DRILLING COMPLETION REPORT			Document Number: 400170649
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 <input checked="" type="checkbox"/> Final completion <input type="checkbox"/> Preliminary completion			
1. OGCC Operator Number: <u>100322</u>		4. Contact Name: <u>Cheryl Johnson</u>	
2. Name of Operator: <u>NOBLE ENERGY INC</u>		Phone: <u>(303) 228-4437</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>05-125-11955-00</u>		6. County: <u>YUMA</u>	
7. Well Name: <u>Gardner Trusts</u>		Well Number: <u>31-20</u>	
8. Location: QtrQtr: <u>NENE</u> Section: <u>20</u> Township: <u>2N</u> Range: <u>46W</u> Meridian: <u>6</u>			
Footage at surface: Distance: <u>325</u> feet Direction: <u>FNL</u>		Distance: <u>1480</u> feet Direction: <u>FEL</u>	
As Drilled Latitude: <u>40.132931</u>		As Drilled Longitude: <u>-102.534309</u>	
GPS Data: Date of Measurement: <u>06/07/2011</u> PDOP Reading: <u>2.3</u> GPS Instrument Operator's Name: <u>Bill Strickert</u>			
** 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>SCHRAMM</u>		10. Field Number: <u>76825</u>	
11. Federal, Indian or State Lease Number: _____			
12. Spud Date: (when the 1st bit hit the dirt) <u>03/16/2011</u> 13. Date TD: <u>03/18/2011</u> 14. Date Casing Set or D&A: <u>03/18/2011</u>			
15. Well Classification: <input type="checkbox"/> Dry <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Gas/Coalbed <input type="checkbox"/> Disposal <input type="checkbox"/> Stratigraphic <input type="checkbox"/> Enhanced Recovery <input type="checkbox"/> Storage <input type="checkbox"/> Observation			
16. Total Depth MD <u>2788</u> TVD** _____		17 Plug Back Total Depth MD <u>2726</u> TVD** _____	
18. Elevations GR <u>3930</u> KB <u>3936</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: <u>Triple Combo, CBL/CCL/GR</u>			
20. Casing, Liner and Cement:			

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	9+7/8	7	17	0	531	224	0	531	CALC
1ST	6+1/4	4+1/2	11.6	0	2,769	153	0	2,769	CBL

ADDITIONAL CEMENT

Cement work date: _____

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

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	2,550		<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: Cheryl Johnson

Title: Regulatory Analyst II Date: 6/13/2011 Email: cheryljohnson@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400170681	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"/>
<u>Other Attachments</u>			
400170649	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400170679	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400173880	LAS-CEMENT BOND	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)