

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:

400318630

Date Received:

10/11/2012

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
2. Name of Operator: NOBLE ENERGY INC
3. Address: 1625 BROADWAY STE 2200
City: DENVER State: CO Zip: 80202
4. Contact Name: EILEEN ROBERTS
Phone: (303) 2284330
Fax: (303) 2284286

5. API Number 05-123-33864-00
6. County: WELD
7. Well Name: FOE A Well Number: 35-73HN
8. Location: QtrQtr: NWNE Section: 2 Township: 5N Range: 64W Meridian: 6
Footage at surface: Distance: 280 feet Direction: FNL Distance: 1560 feet Direction: FEL
As Drilled Latitude: 40.434880 As Drilled Longitude: -104.513450

GPS Data:

Data of Measurement: 02/02/2012 PDOP Reading: 2.3 GPS Instrument Operator's Name: Paul Tappy

** If directional footage at Top of Prod. Zone Dist.: 675 feet. Direction: FSL Dist.: 1399 feet. Direction: FEL

Sec: 35 Twp: 6N Rng: 64W

** If directional footage at Bottom Hole Dist.: 547 feet. Direction: FNL Dist.: 1378 feet. Direction: FEL

Sec: 35 Twp: 6N 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) 01/17/2012 13. Date TD: 01/24/2012 14. Date Casing Set or D&A: 01/21/2012

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 11176 TVD** 6623 17 Plug Back Total Depth MD 11152 TVD** 6599

18. Elevations GR 4610 KB 4634

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/GRL/CL.

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	18+1/2	16+0/0	84.00	24	124	160	0	124	CALC
SURF	13+3/4	9+5/8	36.00	24	697	336	0	706	CALC
1ST	8+3/4	7+0/0	26.00	24	6,982	560	400	6,994	CBL
1ST LINER	6+1/8	4+1/2	11.60	6822	11,153				

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	
SUSSEX	4,205		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,814		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,602		<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: Eileen Roberts

Title: Regulatory Specialist Date: 10/11/2012 Email: eroberts@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400318729	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2233127	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			
400318630	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400318703	CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400335661	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	Off Hold. Per operator attached directional survey and corrected TOP.	11/6/2012 12:53:08 PM
Permit	On Hold. Requested corrected directional survey and all logs.	10/23/2012 12:51:03 PM

Total: 2 comment(s)