

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

*Subsequent ~~AMENDED~~
(tubing added)

Form ACO-1
September 1999
Form Must Be Typed

ORIGINAL

Operator: License # 33190
Name: Noble Energy, Inc.
Address: 1625 Broadway, Suite 2200
City/State/Zip: Denver, CO 80202
Purchaser: Kinder Morgan
Operator Contact Person: Jennifer Barnett
Phone: (303) 228-4235
Contractor: Name: Excell Services Inc., Wray, CO
License: 8273
Wellsite Geologist: none
Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)
If Workover/Re-entry: Old Well Info as follows:
Operator: n/a
Well Name: _____
Original Comp. Date: _____ Original Total Depth: _____
 Deepening Re-perf. Conv. to Enhr./SWD
 Plug Back Plug Back Total Depth
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Enhr.?) Docket No. _____

1/19/2008	1/20/2008	2/7/2008
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 023-20870-00-00
County: Cheyenne
NW SE Sec. 34 Twp. 3 S. R. 41 East West
2310' feet from S N (circle one) Line of Section
2110' feet from E W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Zwegardt Well #: 33-34
Field Name: Cherry Creek Niobrara Gas Area
Producing Formation: Niobrara
Elevation: Ground: 3496' Kelly Bushing: 3502'
Total Depth: 1523' Plug Back Total Depth: 1447'
Amount of Surface Pipe Set and Cemented at 176' cmt w/64 sx Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from n/a
feet depth to _____ w/ _____ sx cmt.

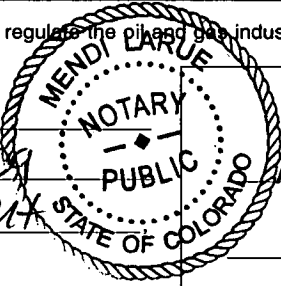
Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content _____ ppm Fluid volume _____ bbls
Dewatering method used _____
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Docket No.: _____

Alt-Dlg - 4/16/09

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature: Jennifer Barnett
Title: Regulatory Analyst Date: 3/18/09
Subscribed and sworn to before me this 18 day of MARCH
20 09
Notary Public: Mendi Parue
Date Commission Expires: My Commission Expires 09/11/2010



KCC Office Use ONLY
 Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
KANSAS CORPORATION COMMISSION
MAR 19 2009
RECEIVED

Operator Name: Noble Energy, Inc. Lease Name: Zweygardt Well #: 33-34
 Sec. 34 Twp. 3 S. R. 41 East West County: Cheyenne

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: Triple Combo (DEN/NEU/IND), CBL/GR/CCL	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name <u>Niobrara</u> Top <u>1330'</u> Datum _____
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CASING RECORD <input checked="" type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Surface	9 7/8"	7"	17 Lbs./Ft.	176'	50/50 POZ	64 sx	3% CaCl, .25% Flo-celc
Production	6 1/4"	4 1/2"	10.5 Lbs./Ft.	1490'	Lead, Type III	32 sx	12% gel, 2% CaCl, .25 Flo-celc
					Tail, 50/50 POZ	56 sx	2% Gel, 1% CFL-80

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
3 spf	Perf Niobrara interval from 1330'-1370'	Niobrara frac'd with 500 gals 7.5% HCL acid, 12,000 gals of	
	(40', 3spf, 120 holes) .41" EHD, 120 degree phase.	25% CO2 foamed gel pad; 31,864 gals 25% CO2 foamed	
		gel carrying 100,340 lbs 16/30 sand. ATP- 595 psi; ATR- 14.5 bpm.	

TUBING RECORD Size <u>2-3/8"</u> Set At <u>1,388'</u> Packer At <u>n/a</u>		Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumerd Production, SWD or Enhr. <u>3/12/2008</u>		Producing Method <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____	
Estimated Production Per 24 Hours	Oil Bbls. <u>0</u>	Gas Mcf <u>90</u>	Water Bbls. <u>0</u> Gas-Oil Ratio <u>0</u> Gravity _____

Disposition of Gas Vented Sold Used on Lease *(If vented, Submit ACO-18.)*

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled _____

Production Interval Other (Specify) _____