

FORM
5Rev
02/08State 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

Document Number:

400120889

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: Justin Garrett

2. Name of Operator: NOBLE ENERGY INC

Phone: (303) 228-4449

3. Address: 1625 BROADWAY STE 2200

Fax: (303) 228-4286

City: DENVER State: CO Zip: 80202

5. API Number 05-123-31496-00

6. County: WELD

7. Well Name: STATE PC AB

Well Number: 16-09

8. Location: QtrQtr: NESE Section: 16 Township: 7N Range: 64W Meridian: 6

Footage at surface: Distance: 1980 feet Direction: FSL Distance: 660 feet Direction: FEL

As Drilled Latitude: 40.571370 As Drilled Longitude: -104.547470

GPS Data:

Data of Measurement: 07/19/2010 PDOP Reading: 2.5 GPS Instrument Operator's Name: Paul Tappy

** If directional footage

at Top of Prod. Zone Distance: feet Direction: Distance: feet Direction:

Sec: Twp: Rng:

at Bottom Hole Distance: feet Direction: Distance: feet Direction:

Sec: Twp: Rng:

9. Field Name: WATTENBERG

10. Field Number: 90750

11. Federal, Indian or State Lease Number: 8969.6

12. Spud Date: (when the 1st bit hit the dirt) 05/14/2010 13. Date TD: 05/19/2010 14. Date Casing Set or D&A: 05/19/2010

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 9219 TVD 17 Plug Back Total Depth MD 9166 TVD

18. Elevations GR 4882 KB 4895

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, Density/Neutron/AC/TR

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Weight Per Foot	Setting Depth	Sacks Cement	Cement Top	Cement Bot	Status
SURF	13+1/2	9+5/8		818	528	0	818	
1ST	8+3/4	7+0/0		9,216	610	1,090	9,216	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	
PARKMAN	3,736		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,164		<input type="checkbox"/>	<input type="checkbox"/>	
TEEPEE BUTTES	5,823		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,793		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,070		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,094		<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	7,163		<input type="checkbox"/>	<input type="checkbox"/>	
D SAND	7,459		<input type="checkbox"/>	<input type="checkbox"/>	
MOWRY	7,535		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,545		<input type="checkbox"/>	<input type="checkbox"/>	
MORRISON	7,813		<input type="checkbox"/>	<input type="checkbox"/>	
LYONS	7,919		<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA	8,863		<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: Justin Garrett

Title: Regulatory Specialist Date: _____ Email: JDGarrett@nobleenergyinc.com

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name
400120900	LAS-TRIPLE COMBINATION
400120902	LAS-CEMENT BOND
400120903	CEMENT JOB SUMMARY

Total Attach: 3 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)