

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



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DRILLING COMPLETION REPORT

Document Number:  
400150995

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: (303) 228-4253  
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286  
City: DENVER State: CO Zip: 80202

5. API Number 05-123-29481-00 6. County: WELD  
7. Well Name: NCLP PC Well Number: AA04-19  
8. Location: QtrQtr: NWNW Section: 4 Township: 6N Range: 63W Meridian: 6  
Footage at surface: Distance: 1289 feet Direction: FNL Distance: 1318 feet Direction: FWL  
As Drilled Latitude: 40.519467 As Drilled Longitude: -104.446493

GPS Data:

Data of Measurement: 02/16/2011 PDOP Reading: 3.9 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: \_\_\_\_\_

12. Spud Date: (when the 1st bit hit the dirt) 12/23/2010 13. Date TD: 12/26/2010 14. Date Casing Set or D&A: 12/26/2010

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 7062 TVD \_\_\_\_\_ 17 Plug Back Total Depth MD 7015 TVD \_\_\_\_\_

18. Elevations GR 4710 KB 4724

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, HRI, CDL/CNL/ML

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	26	16	109.00	0	120	96	0	120	CALC
SURF	14+3/4	10+3/4	45.50	1437	3,874	1,080	1,437	3,890	CALC
1ST	9+7/8	7	26.00	0	8,692	1,225	5,481	8,707	CALC
2ND	6+1/8	4+1/2	15.10	0	12,791	920	6,282	12,830	CALC

ADDITIONAL CEMENT

Cement work date: \_\_\_\_\_

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	SURF	1,437	720	0	1,437

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	
WASATCH G	5,480	7,218	<input type="checkbox"/>	<input type="checkbox"/>	
OHIO CREEK	7,218	7,561	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK - CAMEO	7,561	11,445	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	11,445	11,598	<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	11,598	11,910	<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	11,910	12,830	<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: Andrea Rawson

Title: Regulatory Specialist Date: \_\_\_\_\_ Email: arawson@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
400150787	FORM 5 SUBMITTED
400150802	
400150804	

Total Attach: 3 Files

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)