

FORM  
5Rev  
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

Document Number:

2517649

## 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: TANIA MCNUTT

2. Name of Operator: NOBLE ENERGY INC

Phone: (303) 228-4392

3. Address: 1625 BROADWAY STE 2200

Fax: (303) 228-4286

City: DENVER State: CO Zip: 80202

5. API Number 05-045-15482-00

6. County: GARFIELD

7. Well Name: PRATHER/LATHAM

Well Number: 3-21B

8. Location: QtrQtr: NWNE Section: 3 Township: 8S Range: 96W Meridian: 6

Footage at surface: Distance: 1179 feet Direction: FNL Distance: 1564 feet Direction: FEL

As Drilled Latitude: 39.383082 As Drilled Longitude: -108.091903

## GPS Data:

Data of Measurement: 01/07/2010 PDOP Reading: 0.9 GPS Instrument Operator's Name: JAMES SEAL

\*\* If directional footage at Top of Prod. Zone Dist.: 406 feet. Direction: FNL Dist.: 2103 feet. Direction: FWL

Sec: 3 Twp: 8S Rng: 96W

\*\* If directional footage at Bottom Hole Dist.: 434 feet. Direction: FNL Dist.: 2108 feet. Direction: FWL

Sec: 3 Twp: 8S Rng: 96W

9. Field Name: GRAND VALLEY

10. Field Number: 31290

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 12/17/2009 13. Date TD: 12/26/2009 14. Date Casing Set or D&amp;A: 12/27/2009

## 15. Well Classification:

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

16. Total Depth MD 5809 TVD\*\* 5299 17 Plug Back Total Depth MD 5721 TVD\*\* 5211

18. Elevations GR 5403 KB 5427

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/RMTE

## 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	20	16		0	104	15	0	104	
SURF	12+1/4	8+5/8		0	1,201	352	0	1,201	CALC
1ST	7+7/8	4+1/2		0	5,798	561	1,966	5,798	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	
WILLIAMS FORK	2,758		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	5,165		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	5,559		<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: TANIA MCNUTT

Title: REGULATORY ANALYST Date: 4/22/2010 Email: TMCNUTT@NOBLEENERGYINC.COM

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
	CMT Summary *	Yes	<input type="checkbox"/>	No	<input checked="" 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 type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
2517649	FORM 5 SUBMITTED	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)