

**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



DE ET OE ES

Document Number:

400194212

**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: EILEEN ROBERTS

2. Name of Operator: NOBLE ENERGY INC

Phone: (303) 2284330

3. Address: 1625 BROADWAY STE 2200

Fax: (303) 2284286

City: DENVER State: CO Zip: 80202

5. API Number 05-123-32536-00

6. County: WELD

7. Well Name: ARISTOCRAT PC H

Well Number: 11-19D

8. Location: QtrQtr: NENW Section: 11 Township: 3N Range: 65W Meridian: 6

Footage at surface: Distance: 817 feet Direction: FNL Distance: 1822 feet Direction: FWL

As Drilled Latitude: 40.244870 As Drilled Longitude: -104.633320

## GPS Data:

Date of Measurement: 03/28/2011 PDOP Reading: 2.4 GPS Instrument Operator's Name: Paul Tappy

\*\* If directional footage at Top of Prod. Zone Dist.: 1308 feet. Direction: FNL Dist.: 1363 feet. Direction: FWL

Sec: 11 Twp: 3N Rng: 65W

\*\* If directional footage at Bottom Hole Dist.: 1306 feet. Direction: FNL Dist.: 1363 feet. Direction: FWL

Sec: 11 Twp: 3N Rng: 65W

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) 03/03/2011 13. Date TD: 03/07/2011 14. Date Casing Set or D&amp;A: 03/07/2011

## 15. Well Classification:

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

16. Total Depth MD 7698 TVD\*\* 7629 17 Plug Back Total Depth MD 7642 TVD\*\* 7573

18. Elevations GR 4769 KB 4782

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/CCL/VDL, SDL/DSNL/ACL/TRL.

## 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
SURF	12+1/4	8+5/8	24.00	0	698	264	0	698	VISU
1ST	8+5/8	4+1/2	11.60	0	7,687	610	2,152	7,687	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:

<b>FORMATION LOG INTERVALS AND TEST ZONES</b>					
FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
NIOBRARA	6,808		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,093		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,117		<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	7,200		<input type="checkbox"/>	<input type="checkbox"/>	
D SAND	7,514		<input type="checkbox"/>	<input type="checkbox"/>	
MOWRY	7,560		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,574		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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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: 8/10/2011 Email: eroberts@nobleenergyinc.com

### **Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400194235	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400194236	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 type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400194212	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### **General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Permit	REC LOGS DOC#1669912-13	8/15/2011 3:01:45 PM
Permit	waiting on logs	8/11/2011 11:11:49 AM

Total: 2 comment(s)