

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:

2505683

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: MARI CLARK

2. Name of Operator: NOBLE ENERGY INC

Phone: (303) 228-4413

3. Address: 1625 BROADWAY STE 2200

Fax: (303) 228-4286

City: DENVER State: CO Zip: 80202

5. API Number 05-123-33244-00

6. County: WELD

7. Well Name: Franklin

Well Number: C08-62HN

8. Location: QtrQtr: SESE Section: 7 Township: 4N Range: 64W Meridian: 6

Footage at surface: Distance: 520 feet Direction: FSL Distance: 400 feet Direction: FEL

As Drilled Latitude: 40.321030 As Drilled Longitude: -104.585440

GPS Data:

Data of Measurement: 12/01/2010 PDOP Reading: 1.5 GPS Instrument Operator's Name: BRIAN BRINKMAN

** If directional footage at Top of Prod. Zone Dist.: 621 feet. Direction: FSL Dist.: 1187 feet. Direction: FEL

Sec: 8 Twp: 4N Rng: 64W

** If directional footage at Bottom Hole Dist.: 621 feet. Direction: FSL Dist.: 1187 feet. Direction: FEL

Sec: 8 Twp: 4N Rng: 64W

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) 08/07/2011 13. Date TD: 08/15/2011 14. Date Casing Set or D&A: 08/13/2011

15. Well Classification:

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

16. Total Depth MD 8663 TVD** 6840 17 Plug Back Total Depth MD 7008 TVD** 6750

18. Elevations GR 4798 KB 4818

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:

FMI

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	18+1/2	16		0	100	6	0	100	
SURF	13+3/4	9+5/8		0	700	427	0	700	CALC
1ST	8+3/4	7		0	7,193	590	1,000	7,193	CALC

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	
PIERRE			<input type="checkbox"/>	<input type="checkbox"/>	THE WELL FAULTED OUT BEFORE THE PRODUCTION ZONE WAS PENETRATED, THEREFORE THERE IS NO TOP OF PRODUCTION. .
PARKMAN	4,301		<input type="checkbox"/>	<input type="checkbox"/>	COMPLETION INFORMATION FOR THE NEW WELL "01" WILL BE SUBMITTED UPON COMPLETION. NO CEMENT WAS S
SUSSEX	4,338		<input type="checkbox"/>	<input type="checkbox"/>	SET FOR PLUGS PER JIM PRECUP ON 8/22/11. 2 CIBP WILL BE SUFFICIENT PER JIM (CASED HOLE WHIPSTOCK NEEDS
SHANNON	5,000		<input type="checkbox"/>	<input type="checkbox"/>	A SOLID BASE TO SET IN THEREFORE, CEMENT WOULD INTERFERE WITH WHIPSTOCK).
SHARON SPRINGS	6,808		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,870		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

THE WELL FAULTED OUT BEFORE THE PRODUCTION ZONE WAS PENETRATED, THEREFORE THERE IS NO TOP OF PRODUCTION. COMPLETION INFORMATION FOR THE NEW WELLBORE "01" WILL BE SUBMITTED UPON COMPLETION. NO CEMENT WAS SET FOR PLUGS PER JIM PRECUP ON 8/22/11. 2 CIBP WILL BE SUFFICIENT PER JIM (CASED HOLE WHIPSTOCK NEEDS A SOLID BASE TO SET IN THEREFORE, CEMENT WOULD INTERFERE WITH WHIPSTOCK.)

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: MARI CLARK

Title: REGULATORY ANALYST II

Date: 8/24/2011

Email: MCLARK@NOBLEENERGYINC.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2505685	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2505686	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>					
2505683	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
2505684	WELLBORE DIAGRAM	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	VERIFIED WITH M.C.@NOBLE THAT LOGS WILL BE RUN ON THE 01 SIDETRACK. FMI IS ONLY LOG FROM 00. APD FOR 01 IN PROCESS.	8/29/2011 9:06:46 AM
Permit	REQ INFO ON ANY LOGS RUN IN 00 WELLBORE. REQ MWD	8/29/2011 7:50:37 AM

Total: 2 comment(s)