

**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:

400209616

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

2. Name of Operator: NOBLE ENERGY INC

3. Address: 1625 BROADWAY STE 2200

City: DENVER State: CO Zip: 80202

4. Contact Name: SUSAN MILLER

Phone: (303) 228-4246

Fax: (303) 228-4248

5. API Number 05-123-33503-00

6. County: WELD

7. Well Name: CARMIN USX

Well Number: CC05-10D

8. Location: QtrQtr: NESE Section: 5 Township: 4N Range: 63W Meridian: 6

Footage at surface: Distance: 2085 feet Direction: FSL Distance: 571 feet Direction: FEL

As Drilled Latitude: 40.339530 As Drilled Longitude: -104.454530

GPS Data:

Data of Measurement: 07/16/2011 PDOP Reading: 4.0 GPS Instrument Operator's Name: Paul Tappy

** If directional footage

at Top of Prod. Zone Distance: 1980 feet Direction: FSL Distance: 1980 feet Direction: FEL

Sec: 5 Twp: 4N Rng: 63W

at Bottom Hole Distance: 1980 feet Direction: FSL Distance: 1980 feet Direction: FEL

Sec: 5 Twp: 4N Rng: 63W

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) 06/29/2011 13. Date TD: 07/01/2011 14. Date Casing Set or D&A: 07/01/2011

15. Well Classification:

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

16. Total Depth MD 7435 TVD 7218 17 Plug Back Total Depth MD 7381 TVD

18. Elevations GR 4653 KB 4666

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:

Caliper/Comp. Density/Neutron/GR/SP/ML, DIL/GR/SP/Caliper, CBL/CCL/GR.

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	0	644	235	0	644	CALC
1ST	7+7/8	4+1/2	11.6	0	7,426	625	990	7,426	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	
PIERRE	2,681	2,681	<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,550	3,870	<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,250	4,450	<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,865	4,960	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,569		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	6,794		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	6,818		<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	6,896		<input type="checkbox"/>	<input type="checkbox"/>	
D SAND	7,208		<input type="checkbox"/>	<input type="checkbox"/>	
MOWRY	7,257		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,271		<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: SUSAN MILLER

Title: Regulatory Analyst Date: _____ Email: smiller@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
400209799	LAS-TRIPLE COMBINATION
400209800	LAS-CEMENT BOND
400209801	DIRECTIONAL SURVEY
400209870	CEMENT JOB SUMMARY

Total Attach: 4 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)