

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
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Document Number:

400230172

## 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: 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 05-123-33013-00

6. County: WELD

7. Well Name: POWERS

Well Number: X27-15

8. Location: QtrQtr: SWSE Section: 27 Township: 2N Range: 65W Meridian: 6

Footage at surface: Distance: 660 feet Direction: FSL Distance: 1980 feet Direction: FEL

As Drilled Latitude: 40.104091 As Drilled Longitude: -104.647617

## GPS Data:

Date of Measurement: 11/01/2011 PDOP Reading: 2.5 GPS Instrument Operator's Name: Paul Tappy

\*\* If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

\*\* If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: 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) 09/04/2011 13. Date TD: 09/08/2011 14. Date Casing Set or D&amp;A: 09/08/2011

## 15. Well Classification:

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

16. Total Depth MD 8145 TVD\*\* 17 Plug Back Total Depth MD 8065 TVD\*\*

18. Elevations GR 4961 KB 4974

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:

GR/CCL, CBL/VDL, AC/TR/SD/DSN

## 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	994	387	0	944	CALC
1ST	7+7/8	4+1/2	11.6	0	8,111	700	2,150	8,111	CBL

## STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____					
Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
Details of work: _____					

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	
PARKMAN	4,041		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,563		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,106		<input type="checkbox"/>	<input type="checkbox"/>	
TEEPEE BUTTES	6,278		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,979		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,233		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,253		<input type="checkbox"/>	<input type="checkbox"/>	
MOWRY	7,703		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,726		<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA	7,910		<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: 12/12/2011 Email: arawson@nobleenergyinc.com

### Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
400230314	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input 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 checked="" type="checkbox"/> No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<u>Other Attachments</u>		
400230172	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400230311	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400230313	LAS-TRIPLE COMBINATION	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#2445666-67, IN SCANNING	12/14/2011 8:07:58 AM
Permit	PER C.V @K-M, CORRECTED TOPS OF FT HAYS AND CD, WAITING ON LOGS	12/12/2011 3:15:10 PM

Total: 2 comment(s)