

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:

400249239

## 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: SUSAN MILLER

2. Name of Operator: NOBLE ENERGY INC

Phone: (303) 228-4246

3. Address: 1625 BROADWAY STE 2200

Fax: (303) 228-4286

City: DENVER State: CO Zip: 80202

5. API Number 05-123-34722-00

6. County: WELD

7. Well Name: ALTER C

Well Number: 16-29D

8. Location: QtrQtr: SWSW Section: 9 Township: 4N Range: 64W Meridian: 6

Footage at surface: Distance: 535 feet Direction: FSL Distance: 656 feet Direction: FWL

As Drilled Latitude: 40.321130 As Drilled Longitude: -104.562700

## GPS Data:

Date of Measurement: 02/07/2012 PDOP Reading: 0.8 GPS Instrument Operator's Name: Brian Brinkman

\*\* If directional footage at Top of Prod. Zone Dist.: 56 feet. Direction: FNL Dist.: 1371 feet. Direction: FWL

Sec: 16 Twp: 4N Rng: 64W

\*\* If directional footage at Bottom Hole Dist.: 56 feet. Direction: FNL Dist.: 1371 feet. Direction: FWL

Sec: 16 Twp: 4N Rng: 64W

9. Field Name: WATTENBERG

10. Field Number: 90750

11. Federal, Indian or State Lease Number: 81/6050-5

12. Spud Date: (when the 1st bit hit the dirt) 02/02/2012 13. Date TD: 02/05/2012 14. Date Casing Set or D&amp;A: 02/03/2012

## 15. Well Classification:

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

16. Total Depth MD 7158 TVD\*\* 7039 17 Plug Back Total Depth MD 7158 TVD\*\* 7039

18. Elevations GR 4724 KB 4667

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:

High Resolution Induction

## 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	24	16		0	64	6	0	64	
SURF	12+1/4	8+5/8	24	0	753	328	0	753	
OPEN HOLE	7+7/8			0		300	754	6,900	

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: 02/06/2012

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
	OPEN HOLE		200	1,700	2,200
	OPEN HOLE		50	4,225	4,450
	OPEN HOLE		50	6,675	6,900

Details of work:

RU Halliburton and pumped 50 sacks Class G cement from 6900 to 6675'; pumped 50 sacks Class G cement from 4450 to 4225'; pumped 200 sacks Class G cement from 2200 to 1700'.

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	
			<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

This well was sidetracked due to Codell formation faulting out. Noble received verbal approval from James Precup to proceed 1/28/12. Noble notified DIANA BURN of the COGCC 1/30/12 at 10:30AM.

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

**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400249395	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400249682	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 checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400249677	LAS-INDUCTION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400250035	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments****User Group****Comment****Comment Date**

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Total: 0 comment(s)