

**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



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Document Number:  
400197344  
  
Date Received:  
01/12/2012

**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: Liz Lindow  
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4342  
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286  
City: DENVER State: CO Zip: 80202

5. API Number 05-123-31832-00 6. County: WELD  
7. Well Name: LAZY D ZN Well Number: 03-09  
8. Location: QtrQtr: NWSE Section: 3 Township: 11N Range: 66W Meridian: 6  
Footage at surface: Distance: 2639 feet Direction: FSL Distance: 1990 feet Direction: FEL  
As Drilled Latitude: 40.949850 As Drilled Longitude: -104.760390

GPS Data:  
Date of Measurement: 08/11/2011 PDOP Reading: 7.8 GPS Instrument Operator's Name: Jeffrey Jones

\*\* If directional footage at Top of Prod. Zone Dist.: 2639 feet. Direction: FSL Dist.: 1990 feet. Direction: FEL

Sec: 3 Twp: 11N Rng: 66W

\*\* If directional footage at Bottom Hole Dist.: 2639 feet. Direction: FSL Dist.: 1990 feet. Direction: FEL

Sec: 3 Twp: 11N Rng: 66W

9. Field Name: WILDCAT 10. Field Number: 99999

11. Federal, Indian or State Lease Number: \_\_\_\_\_

12. Spud Date: (when the 1st bit hit the dirt) 09/08/2010 13. Date TD: 09/19/2010 14. Date Casing Set or D&A: 09/10/2010

15. Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 9679 TVD\*\* 9679 17 Plug Back Total Depth MD 9572 TVD\*\* 9572

18. Elevations GR 5894 KB 5910 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:  
Compensated Spectral Natural Gamma

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+1/2	8+5/8	24	0	2,325	760	0	2,325	VISU
1ST	6+1/8	4+1/2	11.6	0	9,615	340	8,140	9,615	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:

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	
NIOBRARA	8,683		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	8,962		<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	9,013		<input type="checkbox"/>	<input type="checkbox"/>	
MUDDY J	9,523		<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: Liz Lindow

Title: Regulatory Analyst Date: 1/12/2012 Email: llindow@nobleenergyinc.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" 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"/>
<b>Other Attachments</b>			
400197344	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400197360	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)