

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:

400263685

Date Received:

## 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 05-123-32916-00 6. County: WELD  
 7. Well Name: ZEHNDER Well Number: B05-23  
 8. Location: QtrQtr: NESE Section: 5 Township: 5N Range: 64W Meridian: 6  
 Footage at surface: Distance: 1490 feet Direction: FSL Distance: 948 feet Direction: FEL  
 As Drilled Latitude: 40.425030 As Drilled Longitude: -104.568120

### GPS Data:

Date of Measurement: 12/13/2011 PDOP Reading: 2.9 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: KERSEY 10. Field Number: 44600

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

12. Spud Date: (when the 1st bit hit the dirt) 11/24/2011 13. Date TD: 11/27/2011 14. Date Casing Set or D&A: 11/27/2011

### 15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 7029 TVD\*\* \_\_\_\_\_ 17 Plug Back Total Depth MD 6966 TVD\*\* \_\_\_\_\_

18. Elevations GR 4654 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:

Triple Combo, Cement Bond logs.

### 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	567	373	0	567	CALC
1ST	7+7/8	4+1/2	11.6	0	7,013	700	1,820	7,013	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	6,528		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	6,838		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Codell formation producing through cast iron flow through plug.

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 III

Date: \_\_\_\_\_

Email: smiller@nobleenergyinc.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400263690	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"/>
400263691	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<u>Other Attachments</u>			
400263686	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400263688	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)