

FORM 5

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400277323

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.

Completion Type [X] Final completion [ ] Preliminary completion

1. OGCC Operator Number: 100322 4. Contact Name: Tania McNutt
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4392
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
City: DENVER State: CO Zip: 80202

5. API Number 05-123-34568-00 6. County: WELD
7. Well Name: Watkins Well Number: C12-24
8. Location: QtrQtr: NWSE Section: 12 Township: 4N Range: 64W Meridian: 6
Footage at surface: Distance: 1400 feet Direction: FSL Distance: 2508 feet Direction: FEL
As Drilled Latitude: 40.323500 As Drilled Longitude: -104.498640

GPS Data:
Date of Measurement: 01/05/2012 PDOP Reading: 3.6 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) 12/05/2012 13. Date TD: 12/08/2011 14. Date Casing Set or D&A: 12/09/2011

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

16. Total Depth MD 6905 TVD\*\* 17 Plug Back Total Depth MD 6850 TVD\*\*

18. Elevations GR 4627 KB 4641
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:
CBL
Triple Combo

20. Casing, Liner and Cement:

CASING

Table with 10 columns: Casing Type, Size of Hole, Size of Casing, Wt/Ft, Csg/Liner Top, Setting Depth, Sacks Cmt, Cmt Top, Cmt Bot, Status. Rows include SURF and 1ST casing types.

**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	
PARKMAN	3,486		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,235		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,792		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,444		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	6,686		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	6,710		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Hard copies of logs were mailed to COGCC on 5/1/12

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: Tania McNutt

Title: Regulatory Analyst Date: \_\_\_\_\_ Email: tmcnutt@nobleenergyinc.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400277342	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"/>
400277340	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<b>Other Attachments</b>			
400277337	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400277338	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)