

FORM
5Rev
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



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Document Number:

1706839

Date Received:

12/10/2008

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: (281) 876-6105

3. Address: 1625 BROADWAY STE 2200

Fax: (281) 876-2503

City: DENVER State: CO Zip: 80202

5. API Number 05-123-26931-00

6. County: WELD

7. Well Name: CANNON W

Well Number: 15-24

8. Location: QtrQtr: SWSE Section: 15 Township: 2N Range: 66W Meridian: 6

Footage at surface: Distance: 1300 feet Direction: FSL Distance: 2615 feet Direction: FEL

As Drilled Latitude: 40.134474 As Drilled Longitude: -104.763229

GPS Data:

Date of Measurement: 12/08/2008 PDOP Reading: 2.9 GPS Instrument Operator's Name: BRIAN DEROSE

** 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: SPINDLE

10. Field Number: 77900

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 07/26/2008 13. Date TD: 07/29/2008 14. Date Casing Set or D&A: 07/30/2008

15. Well Classification:

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

16. Total Depth MD 8144 TVD** 8144 17 Plug Back Total Depth MD 8097 TVD** 8097

18. Elevations GR 5030 KB 5044

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/GR/CCL, CDL/CN/ML, DIL/GR

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		0	955	500	0	955	CALC
1ST	7+7/8	4+1/2		0	8,118	720	6,532	8,143	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____					
Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	5,650		2,168	5,656
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	7,214		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,478		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,499		<input type="checkbox"/>	<input type="checkbox"/>	
D SAND	7,887		<input type="checkbox"/>	<input type="checkbox"/>	
MOWRY	7,933		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,943		<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: Y Print Name: ANDREA RAWSON

Title: REGULATORY SPEC. Date: 12/9/2008 Email: ARAWSON@NOBLEENERGYINC.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
	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 type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)