

**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
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Document Number:  
  
400347877

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: EILEEN ROBERTS
2. Name of Operator: NOBLE ENERGY INC	Phone: (303) 2284330
3. Address: 1625 BROADWAY STE 2200	Fax: (303) 2284286
City: DENVER State: CO Zip: 80202	

5. API Number 05-123-34202-00	6. County: WELD
7. Well Name: Rael USX	Well Number: WW27-12
8. Location: QtrQtr: NWSW Section: 27 Township: 1N Range: 66W Meridian: 6	
Footage at surface: Distance: 1991 feet Direction: FSL	Distance: 695 feet Direction: FWL
As Drilled Latitude: 40.020430	As Drilled Longitude: -104.770240

## GPS Data:

Data of Measurement: 11/01/2011 PDOP Reading: 3.8 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) 09/21/2011	13. Date TD: 09/24/2011	14. Date Casing Set or D&A: 09/25/2011
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## 15. Well Classification:

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

16. Total Depth MD 8298 TVD**	17 Plug Back Total Depth MD 8243 TVD**
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18. Elevations GR 5114 KB 5127	One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.
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## 19. List Electric Logs Run:

CBL/GRL/CCL, ACL/TRL/SDL/DSNL.

## 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	24.00	13	1,435	541	0	1,445	
1ST	7+7/8	4+1/2	11.60	13	8,288	725	1,910	8,288	CBL

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: _____					
Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
Details of work: _____					

21. Formation log intervals and test zones:

<b>FORMATION LOG INTERVALS AND TEST ZONES</b>					
FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
SUSSEX	4,418		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	6,672		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,275		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,666		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,688		<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	7,747		<input type="checkbox"/>	<input type="checkbox"/>	
D SAND	8,062		<input type="checkbox"/>	<input type="checkbox"/>	
MOWRY	8,107		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,124		<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: Eileen Roberts

Title: Regulatory Specialist Date: \_\_\_\_\_ Email: eroberts@nobleenergyinc.com

### Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
400348471	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"/>
	Other	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<u>Other Attachments</u>		
400348453	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400348470	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

### General Comments

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

Total: 0 comment(s)