

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: 400335539			
Date Received: 11/05/2012			

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: 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 05-123-34609-00	6. County: WELD
7. Well Name: BILL E	Well Number: 36-67HN
8. Location: QtrQtr: SWNW Section: 36 Township: 6N Range: 65W Meridian: 6	
Footage at surface: Distance: 2411 feet Direction: FNL	Distance: 238 feet Direction: FWL
As Drilled Latitude: 40.443070	As Drilled Longitude: -104.619890

GPS Data:

Data of Measurement: 01/23/2012 PDOP Reading: 3.4 GPS Instrument Operator's Name: Paul Tappy

** If directional footage at Top of Prod. Zone Dist.: 1626 feet. Direction: FNL Dist.: 856 feet. Direction: FWL

Sec: 36 Twp: 6N Rng: 65W

** If directional footage at Bottom Hole Dist.: 1289 feet. Direction: FNL Dist.: 551 feet. Direction: FEL

Sec: 36 Twp: 6N Rng: 65W

9. Field Name: WATTENBERG	10. Field Number: 90750
11. Federal, Indian or State Lease Number: 81/6537-S	

12. Spud Date: (when the 1st bit hit the dirt) 02/11/2012	13. Date TD: 02/18/2012	14. Date Casing Set or D&A: 02/19/2012
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15. Well Classification:
<input type="checkbox"/> Dry <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gas/Coalbed <input type="checkbox"/> Disposal <input type="checkbox"/> Stratigraphic <input type="checkbox"/> Enhanced Recovery <input type="checkbox"/> Storage <input type="checkbox"/> Observation

16. Total Depth MD 11279 TVD** 6796	17 Plug Back Total Depth MD 11266 TVD** 6783
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18. Elevations GR 4654 KB 4678	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/VDL.
No MWD/LWD logs sent at this time.

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
CONDUCTOR	20+0/0	16+0/0	75.00	0	124	160	0	124	CALC
SURF	13+1/2	9+5/8	36.00	0	663	407	0	673	CALC
1ST	8+3/4	7+0/0	26.00	0	7,264	590	950	7,273	CBL
1ST LINER	6+1/8	4+1/2	11.60	7163	11,268	0		11,268	

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:

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	
SUSSEX	4,405		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,010		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,782		<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: 11/5/2012 Email: eroberts@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400336595	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
1699178	Directional Survey **	Yes	<input checked="" type="checkbox"/>	No	<input 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>					
400335539	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400336594	CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400343373	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Attached new Directional survey as per opr.	11/12/2012 3:11:58 PM

Total: 1 comment(s)