

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



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Document Number:

400343301

Date Received:

11/06/2012

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: 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 05-123-34901-00

6. County: WELD

7. Well Name: KOHLHOFF AC

Well Number: 09-65HN

8. Location: QtrQtr: SENE Section: 8 Township: 7N Range: 63W Meridian: 6

Footage at surface: Distance: 2604 feet Direction: FNL Distance: 245 feet Direction: FEL

As Drilled Latitude: 40.588790 As Drilled Longitude: -104.452270

GPS Data:

Data of Measurement: 02/23/2012 PDOP Reading: 2.8 GPS Instrument Operator's Name: Paul Tappy

** If directional footage at Top of Prod. Zone Dist.: 2625 feet. Direction: FNL Dist.: 604 feet. Direction: FWL

Sec: 9 Twp: 7N Rng: 63W

** If directional footage at Bottom Hole Dist.: 2633 feet. Direction: FSL Dist.: 537 feet. Direction: FEL

Sec: 9 Twp: 7N Rng: 63W

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) 03/10/2012 13. Date TD: 03/18/2012 14. Date Casing Set or D&A: 03/13/2012

15. Well Classification:

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

16. Total Depth MD 11478 TVD** 6832 17 Plug Back Total Depth MD 11402 TVD** 6756

18. Elevations GR 4874 KB 4903

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

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	18+1/2	16	84	29	129	160	0	129	CALC
SURF	13+3/4	9+5/8	36	29	1,097	441	0	1,105	CALC
1ST	8+3/4	7	26	29	7,204	585	1,030	7,215	CBL
1ST LINER	6+1/8	4+1/2	11.6	7107	11,463			11,478	

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	4,575		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,166		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,868		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

No MWD/LWD logs were sent with this completion. --
Hard copy of CBL log was mailed to COGCC on 11/6/2012.

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: 11/6/2012

Email: tmcnutt@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400343386	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400343389	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>					
400343301	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400343374	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400343382	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400343399	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400347161	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400347162	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	Off Hold. Attached directional template per operator.	11/15/2012 11:37:02 AM
Permit	Removed statement about conductor pipe per operator. Requested directional template.	11/6/2012 4:05:14 PM

Total: 2 comment(s)