

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



DE ET OE ES

Document Number:

400345705

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: JEAN MUSE-REYNOLDS

2. Name of Operator: NOBLE ENERGY INC

Phone: (303) 228-4316

3. Address: 1625 BROADWAY STE 2200

Fax: (303) 228-4286

City: DENVER State: CO Zip: 80202

5. API Number 05-123-35418-00

6. County: WELD

7. Well Name: FRONT RANGE

Well Number: D09-32D

8. Location: QtrQtr: SWSW Section: 9 Township: 3N Range: 64W Meridian: 6

Footage at surface: Distance: 1276 feet Direction: FSL Distance: 181 feet Direction: FWL

As Drilled Latitude: 40.236190 As Drilled Longitude: -104.564890

## GPS Data:

Data of Measurement: 06/11/2012 PDOP Reading: 3.6 GPS Instrument Operator's Name: PAUL TAPPY

\*\* If directional footage at Top of Prod. Zone Dist.: 2617 feet. Direction: FSL Dist.: 88 feet. Direction: FWL

Sec: 9 Twp: 3N Rng: 64W

\*\* If directional footage at Bottom Hole Dist.: 2616 feet. Direction: FSL Dist.: 96 feet. Direction: FWL

Sec: 9 Twp: 3N Rng: 64W

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) 05/19/2012 13. Date TD: 05/22/2012 14. Date Casing Set or D&amp;A: 05/23/2012

## 15. Well Classification:

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

16. Total Depth MD 7800 TVD\*\* 7601 17 Plug Back Total Depth MD 7742 TVD\*\* 7542

18. Elevations GR 4737 KB 4750

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

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	13	741	279	13	741	
1ST	8+7/8	4+1/2	11.6	2002	7,787	665	2,002	7,787	

## 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	
PARKMAN	3,718		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,033		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,885		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,147		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,617		<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: JEAN MUSE-REYNOLDS

Title: Regulatory Compliance Date: \_\_\_\_\_ Email: jmuse@nobleenergyinc.com

### **Attachment Check List**

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400345760	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400345766	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>			
400345767	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400345776	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400345777	LAS-DIRECTIONAL SURVEY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400345797	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### **General Comments**

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

Total: 0 comment(s)