

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:

400359915

Date Received:

01/03/2013

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

5. API Number 05-123-34519-00  
6. County: WELD  
7. Well Name: WAHLERT AC Well Number: 33-68HN  
8. Location: QtrQtr: NWNW Section: 33 Township: 7N Range: 63W Meridian: 6  
Footage at surface: Distance: 612 feet Direction: FNL Distance: 275 feet Direction: FWL  
As Drilled Latitude: 40.535790 As Drilled Longitude: -104.450250

GPS Data:  
Date of Measurement: 01/09/2012 PDOP Reading: 4.0 GPS Instrument Operator's Name: Paul Tappy

\*\* If directional footage at Top of Prod. Zone Dist.: 640 feet. Direction: FNL Dist.: 768 feet. Direction: FWL  
Sec: 33 Twp: 7N Rng: 63W

\*\* If directional footage at Bottom Hole Dist.: 673 feet. Direction: FNL Dist.: 537 feet. Direction: FEL  
Sec: 33 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) 01/26/2012 13. Date TD: 02/01/2012 14. Date Casing Set or D&A: 02/02/2012

15. Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 11110 TVD\*\* 6734 17 Plug Back Total Depth MD 11080 TVD\*\* 6704

18. Elevations GR 4782 KB 4806  
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/GRL/CCL/VDL.  
No other 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   | 18+1/2       | 16+0/0         | 84.00 | 24            | 124           | 64        | 0       | 124     | CALC   |
| SURF        | 13+3/4       | 9+5/8          | 36.00 | 24            | 846           | 428       | 0       | 856     | CALC   |
| 1ST         | 8+3/4        | 7+0/0          | 26.00 | 24            | 7,029         | 925       | 640     | 7,039   | CBL    |
| 1ST LINER   | 6+1/8        | 4+1/2          | 11.60 | 6918          | 11,080        |           |         |         |        |

**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                    |   |
| PIERRE         | 2,620          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| PARKMAN        | 3,709          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| SUSSEX         | 4,506          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| SHANNON        | 5,128          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| NIOBRARA       | 6,722          |        | <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: 1/3/2013 Email: eroberts@nobleenergyinc.com

**Attachment Check List**

| Att Doc Num                        | Document Name         | attached ?                              |  |
|------------------------------------|-----------------------|---|--|
| <b><u>Attachment Checklist</u></b> |                       |   |  |
| 400364389                          | CMT Summary *         | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
|                                    | Core Analysis         | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> |
| 400364391                          | 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"/> |
| <b><u>Other Attachments</u></b>    |                       |   |  |
| 400359915                          | FORM 5 SUBMITTED      | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400359996                          | LAS-CEMENT BOND       | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400364394                          | DIRECTIONAL DATA      | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |

**General Comments**

**User Group**

**Comment**

**Comment Date**

| User Group | Comment | Comment Date |
|------------|---------|--------------|
|            |         |              |

Total: 0 comment(s)