

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:

400383570

Date Received:

02/21/2013

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 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 05-123-34657-00 6. County: WELD  
 7. Well Name: Cecil USX A Well Number: 01-63-1HN  
 8. Location: QtrQtr: SWSW Section: 1 Township: 6N Range: 64W Meridian: 6  
 Footage at surface: Distance: 1063 feet Direction: FSL Distance: 250 feet Direction: FWL  
 As Drilled Latitude: 40.510970 As Drilled Longitude: -104.506890

GPS Data:  
Data of Measurement: 08/09/2012 PDOP Reading: 3.2 GPS Instrument Operator's Name: Paul Tappy

\*\* If directional footage at Top of Prod. Zone Dist.: 980 feet. Direction: FSL Dist.: 882 feet. Direction: FWL  
 Sec: 1 Twp: 6N Rng: 64W  
 \*\* If directional footage at Bottom Hole Dist.: 961 feet. Direction: FSL Dist.: 526 feet. Direction: FEL  
 Sec: 1 Twp: 6N 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) 04/13/2012 13. Date TD: 04/21/2012 14. Date Casing Set or D&A: 04/22/2012

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

16. Total Depth MD 11175 TVD\*\* 6748 17 Plug Back Total Depth MD 11162 TVD\*\* 6735

18. Elevations GR 4749 KB 4762 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:  
GRL/CCL/CBL/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	13	113	80	0	113	CALC
SURF	13+3/4	9+5/8	36.00	13	896	421	0	910	CALC
1ST	8+3/4	7+0/0	26.00	13	7,195	550	830	7,205	CBL
1ST LINER	6+1/8	4+1/2	11.60	7089	11,165				

**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	2,487		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,655		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,406		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,080		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,833		<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: 2/21/2013 Email: eroberts@nobleenergyinc.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b><u>Attachment Checklist</u></b>			
400383614	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400383617	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>			
400383570	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400383610	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400383619	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)