

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:  
400380937

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  
2. Name of Operator: NOBLE ENERGY INC  
3. Address: 1625 BROADWAY STE 2200  
City: DENVER State: CO Zip: 80202  
4. Contact Name: JEAN MUSE-REYNOLDS  
Phone: (303) 228-4316  
Fax: (303) 228-4286

5. API Number 05-123-31701-00  
6. County: WELD  
7. Well Name: KERN L Well Number: 04-20D  
8. Location: QtrQtr: SWNW Section: 4 Township: 3N Range: 66W Meridian: 6  
Footage at surface: Distance: 1990 feet Direction: FNL Distance: 612 feet Direction: FWL  
As Drilled Latitude: 40.255450 As Drilled Longitude: -104.789700

GPS Data:  
Date of Measurement: 03/22/2012 PDOP Reading: 1.9 GPS Instrument Operator's Name: PAUL TAPPY

\*\* If directional footage at Top of Prod. Zone Dist.: 2564 feet. Direction: FSL Dist.: 1327 feet. Direction: FWL  
Sec: 4 Twp: 3N Rng: 66W  
\*\* If directional footage at Bottom Hole Dist.: 2565 feet. Direction: FSL Dist.: 1327 feet. Direction: FWL  
Sec: 4 Twp: 3N Rng: 66W

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) 03/04/2012 13. Date TD: 03/07/2012 14. Date Casing Set or D&A: 03/05/2012

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

16. Total Depth MD 8041 TVD\*\* 7919 17 Plug Back Total Depth MD 8039 TVD\*\* 7917

18. Elevations GR 4794 KB 4807  
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	0	692	271	0	692	CALC
1ST	7+7/8	4+1/2	11.6	1937	8,018	675	1,960	8,018	CBL

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	298		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,091		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,447		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,319		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,094		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,389		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,412		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,869		<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: 2/21/2013 Email: jmuse@nobleenergyinc.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400381368	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400381167	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>Other Attachments</b>			
400380937	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400381156	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400381165	LAS-DIRECTIONAL SURVEY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400381166	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400381168	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

<b>User Group</b>	<b>Comment</b>	<b>Comment Date</b>
Permit	Logs received. Ready to pass.	3/4/2013 2:44:40 PM
Permit	Received casing set date.	2/28/2013 11:26:10 AM
Permit	On hold for Date casing set and hard copy of logs.	2/28/2013 10:14:11 AM

Total: 3 comment(s)