

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:  
400390057

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  
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 05-123-35093-00  
6. County: WELD  
7. Well Name: BASHOR AC Well Number: 18-62HN  
8. Location: QtrQtr: SESE Section: 18 Township: 7N Range: 63W Meridian: 6  
Footage at surface: Distance: 270 feet Direction: FSL Distance: 275 feet Direction: FEL  
As Drilled Latitude: 40.567500 As Drilled Longitude: -104.471440

GPS Data:  
Date of Measurement: 07/02/2012 PDOP Reading: 3.2 GPS Instrument Operator's Name: Paul Tappy

\*\* If directional footage at Top of Prod. Zone Dist.: 616 feet. Direction: FSL Dist.: 873 feet. Direction: FEL  
Sec: 18 Twp: 7N Rng: 63W  
\*\* If directional footage at Bottom Hole Dist.: 647 feet. Direction: FSL Dist.: 525 feet. Direction: FWL  
Sec: 18 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) 05/28/2012 13. Date TD: 06/04/2012 14. Date Casing Set or D&A: 06/05/2012

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

16. Total Depth MD 10860 TVD\*\* 6800 17 Plug Back Total Depth MD 10843 TVD\*\* 6783

18. Elevations GR 4792 KB 4816  
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, Vertical Mud Log, HZ Mud Log.

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	80	0	124	
SURF	13+3/4	9+5/8	36.00	24	1,096	441	0	1,104	
1ST	8+3/4	7+0/0	26.00	24	7,186	555	570	7,196	CBL
1ST LINER	6+1/8	4+1/2	11.60	7044	10,845	0	0	10,845	

**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	2,660		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,721		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,490		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,200		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,816		<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: \_\_\_\_\_ Email: eroberts@nobleenergyinc.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b><u>Attachment Checklist</u></b>			
400390164	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400390165	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>			
400390145	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400390147	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400390148	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400390170	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)