

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:

400394393

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: SUSAN MILLER
 2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4246
 3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-35634-00 6. County: WELD
 7. Well Name: Sauer Well Number: F33-77-1HN
 8. Location: QtrQtr: SESW Section: 33 Township: 5N Range: 65W Meridian: 6
 Footage at surface: Distance: 237 feet Direction: FSL Distance: 1632 feet Direction: FWL
 As Drilled Latitude: 40.349130 As Drilled Longitude: -104.672000

GPS Data:

Date of Measurement: 01/04/2012 PDOP Reading: 1.6 GPS Instrument Operator's Name: Wyatt Hall

** If directional footage at Top of Prod. Zone Dist.: 973 feet. Direction: FSL Dist.: 1630 feet. Direction: FWL
 Sec: 33 Twp: 5N Rng: 65W

** If directional footage at Bottom Hole Dist.: 973 feet. Direction: FSL Dist.: 1630 feet. Direction: FWL
 Sec: 33 Twp: 5N Rng: 65W

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) 03/13/2013 13. Date TD: 03/19/2013 14. Date Casing Set or D&A: 03/19/2013

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7131 TVD** 6765 17 Plug Back Total Depth MD 6861 TVD** 6600

18. Elevations GR 4654 KB 4667

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:

No electric logs were run.

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	26	16		0	93	6	0	93	VISU
SURF	13+3/4	9+5/8	36	0	630	385	0	630	CALC
1ST	8+3/4	7	26	0	7,131	535	0	7,131	CALC

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	
			<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

While running 7" casing on the referenced well, we were not able to get all the way to bottom (200' short). After attempting to get to bottom for several hours, we decided to set casing short and go a head and cement. The cement job went perfectly; however, while trying to clean out the wellbore with a reaming assembly we were again unable to get to bottom. It was decided to set a bridge plug @ 6860' and temporarily abandon the wellbore.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Susan Miller

Title: Regulatory Analyst III Date: _____ Email: smiller@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400394401	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400394406	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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
400394395	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400394438	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)