

FORM
5Rev
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:

400383669

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: Kathleen Mills

2. Name of Operator: NOBLE ENERGY INC

Phone: (720) 587-2226

3. Address: 1625 BROADWAY STE 2200

Fax:

City: DENVER State: CO Zip: 80202

5. API Number 05-123-35370-00

6. County: WELD

7. Well Name: WALCKER AC

Well Number: 17-09

8. Location: QtrQtr: NESE Section: 17 Township: 7N Range: 63W Meridian: 6

Footage at surface: Distance: 1746 feet Direction: FSL Distance: 675 feet Direction: FEL

As Drilled Latitude: 40.571620 As Drilled Longitude: -104.453760

GPS Data:

Data of Measurement: 08/22/2012 PDOP Reading: 2.5 GPS Instrument Operator's Name: PAUL TAPPY

** If directional footage at Top of Prod. Zone Dist.: 1961 feet. Direction: FSL Dist.: 637 feet. Direction: FEL

Sec: 17 Twp: 7N Rng: 63W

** If directional footage at Bottom Hole Dist.: 1961 feet. Direction: FSL Dist.: 637 feet. Direction: FEL

Sec: 17 Twp: 17N 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) 08/06/2012 13. Date TD: 08/14/2012 14. Date Casing Set or D&A: 08/17/2012

15. Well Classification:

☒ Dry ☐ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 8930 TVD** 8918 17 Plug Back Total Depth MD 8930 TVD** 8918

18. Elevations GR 4798 KB 4811

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:

TRIPLE COMBO, NO CBL DUE TO D&A

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	13+1/2	9+5/8	36	0	729	357	0	729	CALC
OPEN HOLE	8+3/4			729	8,930				

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 08/17/2012

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	OPEN HOLE		92	8,489	8,789
	OPEN HOLE		92	7,220	7,520
	OPEN HOLE		92	6,470	6,770
	OPEN HOLE		250	5,800	6,300
	SURF		98	600	850
	SURF		122	0	300

Details of work:

Balance Plug #1, #2, #3: 13.5#gal tuned spacer, 15.8#gal, cmt 92 sks, 140.4cuft, 1.52cuft/sk, 6.21cuft/sk.
 Kick off Plug #4: 13.5#gal tuned spacer, 117.5#gal, 250 sks, 235cuft, .94cuft/sk, 3.33gal/sk.
 Balance Plug #5: 15.8#gal, 98 sks, 112.7cuft, 1.15cuft/sk, 5gal/sk.
 Surface Plug #6: 153.8#gal, 122 sks, 140.3cuft, 1.15cuft/sk, 5gal/sk

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	
PARKMAN	3,680		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,619		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,086		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,376		<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA	7,640		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

THIS WELL WAS DRILLED AND ABD, NO PROD CSG WAS SET, NO CBL OR DIRECTIONAL SURVEY WAS RUN. ATTACHED IS THE MWD INFO TO IDENTIFY THE WELLBORE PATH AND BHL.

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

Signed: _____ Print Name: KATHLEEN MILLS

Title: REGULATORY ANALYST Date: _____ Email: KMILL@NOBLEENERGYINC.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400383758	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Directional Survey **	Yes	<input type="checkbox"/>	No	<input checked="" 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"/>
<u>Other Attachments</u>					
400383759	WELLBORE DIAGRAM	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400384861	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400396779	LAS-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)