

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:
400395780

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: Kathleen Mills
Phone: (720) 587-2226
Fax: (303) 228-4286

5. API Number 05-123-35214-01
6. County: WELD
7. Well Name: Jones Well Number: AC06-75HN
8. Location: QtrQtr: SWSE Section: 6 Township: 7N Range: 63W Meridian: 6
Footage at surface: Distance: 316 feet Direction: FSL Distance: 2171 feet Direction: FEL
As Drilled Latitude: 40.596320 As Drilled Longitude: -104.478220

GPS Data:
Date of Measurement: 08/06/2012 PDOP Reading: 5.7 GPS Instrument Operator's Name: PAUL TAPPY

** If directional footage at Top of Prod. Zone Dist.: 925 feet. Direction: FSL Dist.: 2226 feet. Direction: FEL
Sec: 6 Twp: 7N Rng: 63W
** If directional footage at Bottom Hole Dist.: 551 feet. Direction: FNL Dist.: 2256 feet. Direction: FEL
Sec: 6 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) 07/04/2012 13. Date TD: 07/14/2012 14. Date Casing Set or D&A: 07/05/2012

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

16. Total Depth MD 11382 TVD** 6880 17 Plug Back Total Depth MD 11331 TVD** 6829

18. Elevations GR 4891 KB 4915
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/GR/CCL

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	16+1/2	16	84	0	124	80	0	124	VISU
SURF	13+3/4	9+5/8	36	0	831	453	0	831	VISU
1ST	8+3/4	7	26	0	7,338	250	5,438	7,338	CBL
1ST LINER	6+1/8	4+1/2	11.6	7210	11,333				

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	3,096		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,778		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,673		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,140		<input type="checkbox"/>	<input type="checkbox"/>	
TEEPEE BUTTES	6,073		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	6,657		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,804		<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: Kathleen Mills

Title: Regulatory Analyst Date: _____ Email: kmills@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400395783	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400398085	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"/>
<u>Other Attachments</u>			
400395787	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400396186	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400398091	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)