

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



DE ET OE ES

Document Number:

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Date Received:

10/08/2009

## 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: 91755

4. Contact Name: ANDREA RAWSON

2. Name of Operator: UNITED STATES EXPLORATION INC

Phone: (406) 294-5990

3. Address: 1625 BROADWAY, SUITE 2000

Fax: (406) 294-5992

City: DENVER State: CO Zip: 80202

5. API Number 05-123-24965-00

6. County: WELD

7. Well Name: BADDING-USX W

Well Number: 35-8

8. Location: QtrQtr: SENE Section: 35 Township: 2N Range: 66W Meridian: 6

Footage at surface: Distance: 1825 feet Direction: FNL Distance: 660 feet Direction: FEL

As Drilled Latitude: 40.097050 As Drilled Longitude: -104.737230

## GPS Data:

Data of Measurement: 06/20/2007 PDOP Reading: 2.1 GPS Instrument Operator's Name: PAUL TAPPY

\*\* If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

\*\* If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

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) 04/29/2007 13. Date TD: 05/03/2007 14. Date Casing Set or D&amp;A: 05/03/2007

## 15. Well Classification:

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

16. Total Depth MD 8143 TVD\*\* 17 Plug Back Total Depth MD 8119 TVD\*\*

18. Elevations GR 5095 KB 5108

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:

GR/CCL/CBL,CDL/CNL/ML,DIL/GR

## 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		0	1,184	330	0	1,184	
1ST	7+7/8	4+1/2		0	8,134	660	3,558	8,143	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:

<b>FORMATION LOG INTERVALS AND TEST ZONES</b>					
FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
PARKMAN	4,228		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,723		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,340		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,202		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,509		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,532		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,003		<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: Y \_\_\_\_\_ Print Name: ANDREA RAWSON

Title: REGULATORY SPECIALIST Date: 9/29/2009 Email: ARAWSON@NOBLEENERGYINC.COM

### Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
	CMT Summary *	Yes <input type="checkbox"/> No <input checked="" 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 type="checkbox"/> No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)