

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:

1164352

Date Received:

11/30/2009

## 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: 100322

4. Contact Name: ANDREA RAWSON

2. Name of Operator: NOBLE ENERGY INC

Phone: (281) 876-6105

3. Address: 1625 BROADWAY STE 2200 AT

Fax: (281) 876-2503

City: DENVER State: CO Zip: 80202

5. API Number 05-123-24564-00

6. County: WELD

7. Well Name: HARPER-USX EE

Well Number: 27-17

8. Location: QtrQtr: SENE Section: 27 Township: 7N Range: 65W Meridian: 6

Footage at surface: Distance: 1425 feet Direction: FNL Distance: 1285 feet Direction: FEL

As Drilled Latitude: 40.549745 As Drilled Longitude: -104.644411

## GPS Data:

Date of Measurement: 08/20/2007 PDOP Reading: 2.1 GPS Instrument Operator's Name: BRIAN DEROSE

\*\* 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) 01/22/2007 13. Date TD: 01/26/2007 14. Date Casing Set or D&amp;A: 01/26/2007

## 15. Well Classification:

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

16. Total Depth MD 7327 TVD\*\* 17 Plug Back Total Depth MD 7314 TVD\*\*

18. Elevations GR 4837 KB 4851

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, 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			633	230		633	
1ST	7+7/8	4+1/2			7,316	580	3,540	7,316	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:

### **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	3,810		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,580		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,110		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,927		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,177		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,197		<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: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_ Email: \_\_\_\_\_

### **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**

**User Group**      **Comment**      **Comment Date**

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Total: 0 comment(s)