

**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



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Document Number:  
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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&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:

<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	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**

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

Total: 0 comment(s)