

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:

400408024

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: EILEEN ROBERTS  
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 2284330  
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 2284286  
City: DENVER State: CO Zip: 80202

5. API Number 05-123-34855-00 6. County: WELD  
7. Well Name: GRIGSBY PC AC Well Number: 30-73HN  
8. Location: QtrQtr: NENE Section: 30 Township: 7N Range: 63W Meridian: 6  
Footage at surface: Distance: 253 feet Direction: FNL Distance: 283 feet Direction: FEL  
As Drilled Latitude: 40.551470 As Drilled Longitude: -104.471420

GPS Data:

Data of Measurement: 05/29/2012 PDOP Reading: 2.1 GPS Instrument Operator's Name: Paul Tappy

\*\* If directional footage at Top of Prod. Zone Dist.: 984 feet. Direction: FNL Dist.: 1311 feet. Direction: FEL

Sec: 30 Twp: 7N Rng: 63W

\*\* If directional footage at Bottom Hole Dist.: 536 feet. Direction: FSL Dist.: 1314 feet. Direction: FEL

Sec: 30 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) 06/17/2012 13. Date TD: 06/26/2012 14. Date Casing Set or D&A: 06/28/2012

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 11340 TVD\*\* 6777 17 Plug Back Total Depth MD 11323 TVD\*\* 6760

18. Elevations GR 4756 KB 4780

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/GRL/CCL/VDL.

Mud Logs

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	24+0/0	16+0/0	84.00	0	124	80	0	124	
SURF	13+1/2	9+5/8	36.00	0	620	264	0	620	
1ST	8+3/4	7+0/0	26.00	0	7,310	640	0	7,310	CBL
1ST LINER	6+1/8	4+1/2	11.60	7216	11,325				

**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	2,649		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,740		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,534		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,280		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,867		<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: Eileen Roberts

Title: Regulatory Specialist Date: \_\_\_\_\_ Email: eroberts@nobleenergyinc.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b><u>Attachment Checklist</u></b>			
	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 checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b><u>Other Attachments</u></b>			
400408073	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400408076	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400408079	LAS-MUD	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)