

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:

400406380

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: Julie Webb

2. Name of Operator: NOBLE ENERGY INC

Phone: (720) 587-2316

3. Address: 1625 BROADWAY STE 2200

Fax:

City: DENVER State: CO Zip: 80202

5. API Number 05-123-36258-00

6. County: WELD

7. Well Name: SLW RANCH B

Well Number: 12-69-1HN

8. Location: QtrQtr: SESE Section: 1 Township: 5N Range: 64W Meridian: 6

Footage at surface: Distance: 968 feet Direction: FSL Distance: 1089 feet Direction: FEL

As Drilled Latitude: 40.423930 As Drilled Longitude: -104.492650

GPS Data:

Data of Measurement: 04/02/2012 PDOP Reading: 1.6 GPS Instrument Operator's Name: Adam Kelly

** If directional footage at Top of Prod. Zone Dist.: 396 feet. Direction: FNL Dist.: 1175 feet. Direction: FEL

Sec: 1 Twp: 5N Rng: 64W

** If directional footage at Bottom Hole Dist.: 396 feet. Direction: FNL Dist.: 1175 feet. Direction: FEL

Sec: 1 Twp: 5N Rng: 64W

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) 04/02/2013 13. Date TD: 04/02/2013 14. Date Casing Set or D&A: 04/02/2013

15. Well Classification:

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

16. Total Depth MD 7309 TVD** 6627 17 Plug Back Total Depth MD 0 TVD** 0

18. Elevations GR 4605 KB 4635

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:

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	26	16	42.09	0	130	80	0	130	CALC
SURF	13+3/4	9+5/8	36	0	625	328	0	625	CALC
1ST	8+3/4	7	26	0	6,684	0	0	6,684	
OPEN HOLE	8+3/4		0	0	7,309	0	6,684	7,309	

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 04/11/2013

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	OPEN HOLE		220	6,067	6,667
	OPEN HOLE		220	2,812	3,412
	OPEN HOLE		220	1,423	2,023
	OPEN HOLE		275	0	722

Details of work:

RU 2 7/8" tubing tools pump 220sks 15.8# Plugcem Cement from 6667' to 6067'. Pump 220sks 15.8# Plugcem Cement from 3412' to 2812'. Pump 220sks 15.8# Plugcem Cement from 2023' to 1423'. Pump 275 sks 15.8# Plugcem Cement from 722' to surface.

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	
			<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

No Logs were ran on this well.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Julie Webb

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

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400410853	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400410804	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 type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400410805	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

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

Total: 0 comment(s)