

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:  
400414044

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: Kathleen Mills  
2. Name of Operator: NOBLE ENERGY INC Phone: (720) 587-2226  
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286  
City: DENVER State: CO Zip: 80202

5. API Number 05-123-34517-00 6. County: WELD  
7. Well Name: WAHLERT AC Well Number: 33-66HN  
8. Location: QtrQtr: NWNW Section: 33 Township: 7N Range: 63W Meridian: 6  
Footage at surface: Distance: 687 feet Direction: FNL Distance: 275 feet Direction: FWL  
As Drilled Latitude: 40.535690 As Drilled Longitude: -104.450250

GPS Data:  
Date of Measurement: 01/09/2012 PDOP Reading: 4.2 GPS Instrument Operator's Name: PAUL TAPPY

\*\* If directional footage at Top of Prod. Zone Dist.: 1999 feet. Direction: FNL Dist.: 1092 feet. Direction: FWL  
Sec: 33 Twp: 7N Rng: 63W  
\*\* If directional footage at Bottom Hole Dist.: 1936 feet. Direction: FNL Dist.: 539 feet. Direction: FEL  
Sec: 33 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) 02/11/2012 13. Date TD: 02/19/2012 14. Date Casing Set or D&A: 05/04/2012

15. Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 11125 TVD\*\* 6737 17 Plug Back Total Depth MD 11109 TVD\*\* 6721

18. Elevations GR 4782 KB 4806  
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, MWD 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
CONDUCTOR	24	16	65	0	124	48	0	124	
SURF	13+3/4	9+5/8	36	0	841	427	0	841	
1ST	8+3/4	7	26	0	7,284	650	1,326	4,284	
1ST LINER	6+1/8	4+1/2	11.6	7183	11,110	0			

**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	2,548		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,788		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,623		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,201		<input type="checkbox"/>	<input type="checkbox"/>	
TEEPEE BUTTES	6,043		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,889		<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: Kathleen Mills

Title: Regulatory Analyst Date: \_\_\_\_\_ Email: kmills@nobleenergyinc.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400414091	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400414092	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 checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b>Other Attachments</b>			
400414051	PDF-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400414072	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400414073	PDF-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400414074	PDF-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400414079	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400414082	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400414094	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)